

# Nutrition Referral Form

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**Please ask patient to contact our office to schedule an appointment**

**(408) 370-7731**

**[admin@bayareanutrition.com](mailto:admin@bayareanutrition.com)**

From:

Referring Physician Stamp/Write In:

Physician’s Signature: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**ICD 10 Dx (updated 10/24) (please circle all that apply, write in additional below)**

- |  |  |  |
|--|--|--|
| E10.A0 T1 Diabetes, unspecified                | F50.019 AN restricting type, unspecified                 | K58.0 Irritable Bowel Syndrome           |
| E11.8 T2 Diabetes w/ unspecified complications | F50.029 AN, binge eating/purging (B/P) type, unspecified | K90.0 Celiac Disease                     |
| E44.1 Malnutrition/mild                        | F50.20 Bulimia nervosa (BN), unspecified                 | N91.2 Amenorrhea                         |
| E66.3 Overweight                               | F50.819 Binge eating disorder (BED), unspecified         | 024.410 Gestational DM/diet controlled   |
| E66.9 Obesity, unspecified                     | F50.82 Avoidant/restrictive food intake disorder (ARFID) | I10 Hypertension/Essential/Primary       |
| E78.00 Pure Hypercholesterolemia               | F50.83 Pica/Adults                                       | R62.51 Failure to Thrive/Child           |
| E78.1 Pure hypertriglyceridemia                | F50.84 Rumination Disorder, Adults                       | R63.30 Feeding Difficulties, unspecified |
| E78.2 Hyperlipidemia, Mixed                    | F50.89 Otherwise Specified Eating Disorder               | R63.5 Abnormal Wt Gain                   |
| E78.5 Hyperlipidemia/Unspec                    | F98.3 Pica/Child   | R63.4 Abnormal Wt Loss                   |
| E88.810 Metabolic Syndrome                     |  | R73.01 Impaired Fasting Glucose          |
| F50.00 Anorexia Nervosa (AN), Unspecified      |  | R73.03 Pre-Diabetes                      |
- Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

**\*\*\*Please attach labs, growth, and BMI charts and any information you wish us to have\*\*\***