



Optimizing Health Through Nutrition

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www.BayAreaNutrition.com

Nutrition Referral Form

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Please ask patient to contact our office to schedule an appointment

(408) 370-7731

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: _____

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