Elderberry RDN, LLC

Nutrition & Diabetes Education Services

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Diabetes & Medical Nutrition Therapy Referral

Please fax this completed form with the most recent labs and office note. We will contact the patient to schedule.

PATIENT INFORMATION

Patient name (last, first, MI)	Date of birth	Preferred language

Street address	City	State	ZIP

Phone	Email	Interpreter needed? ☐ Yes ☐ No

Primary insurance	Member ID	Group #

Secondary insurance	Member ID	Policy holder (if not patient)

SERVICES REQUESTED *Check all that apply*

☐ Medical Nutrition Therapy (MNT) – initial
☐ DSMES – initial training (up to 10 hours)
☐ Continuous glucose monitor (CGM) start / education
☐ MNT – additional hours (change in diagnosis, condition, or treatment)
☐ DSMES – follow-up training (2 hours per year)
☐ Other: _____

DSMES individual sessions needed due to: ☐ Vision ☐ Hearing ☐ Cognitive ☐ Language ☐ Physical limitation ☐ Insulin start ☐ No group available

DIAGNOSIS – ICD-10-CM *Check all that apply; a diagnosis code is required for billing*

Diabetes & glucose

☐ **E11.9** Type 2 DM w/o complications
☐ **E11.65** Type 2 DM w/ hyperglycemia
☐ **E11.649** T2DM w/ hypoglycemia
☐ **E11.22** Type 2 DM w/ diabetic CKD
☐ **E11.40** T2DM w/ diabetic neuropathy
☐ **E10.9** Type 1 DM w/o complications
☐ **E10.65** Type 1 DM w/ hyperglycemia
☐ **E13.9** Other specified DM
☐ **R73.03** Prediabetes
☐ **R73.01** Impaired fasting glucose
☐ **R73.09** Other abnormal glucose
☐ **Z79.4** Long-term use of insulin
☐ **Z79.84** Long-term oral hypoglycemics
☐ **Z79.85** Injectable non-insulin med

Pregnancy & kidney

☐ **O24.410** GDM, diet controlled
☐ **O24.414** GDM, insulin controlled
☐ **O24.415** GDM, oral med controlled
☐ **O24.419** GDM, unspecified control
☐ **Z86.32** History of GDM
☐ **N18.30** CKD stage 3, unspecified
☐ **N18.31** CKD stage 3a
☐ **N18.32** CKD stage 3b
☐ **N18.4** CKD stage 4
☐ **N18.5** CKD stage 5 (not on dialysis)
☐ **Z94.0** Kidney transplant status

Cardiometabolic & weight

☐ **I10** Essential hypertension
☐ **E78.5** Hyperlipidemia, unspecified
☐ **E78.2** Mixed hyperlipidemia
☐ **E78.1** Pure hypertriglyceridemia
☐ **E88.81** Metabolic syndrome
☐ **E66.9** Obesity, unspecified
☐ **E66.811** Obesity, class 1
☐ **E66.812** Obesity, class 2
☐ **E66.813** Obesity, class 3
☐ **Z68.__** BMI: _____
☐ **K76.0** Fatty liver (MASLD), NEC
☐ **K75.81** Steatohepatitis (MASH/NASH)
☐ **E28.2** Polycystic ovarian syndrome

Nutrition & GI

☐ **E44.0** Moderate malnutrition
☐ **E44.1** Mild malnutrition
☐ **R63.4** Abnormal weight loss
☐ **R63.5** Abnormal weight gain
☐ **K90.0** Celiac disease
☐ **K58.9** IBS without diarrhea
☐ **D50.9** Iron deficiency anemia
☐ **E55.9** Vitamin D deficiency
☐ **Z71.3** Dietary counseling
☐ _____ Other: _____

CLINICAL INFORMATION *Or attach recent labs*

A1c (%) / date	Fasting glucose / date	eGFR / date	LDL / triglycerides	Blood pressure

Height	Weight	BMI	Uses CGM? ☐ Yes ☐ No

Current diabetes treatment: ☐ Lifestyle only ☐ Oral medication ☐ Insulin ☐ GLP-1 / injectable non-insulin ☐ Other: _____

REFERRING PROVIDER COMMENTS *Goals, precautions, relevant history*

REFERRING PROVIDER

Provider name & credentials	NPI	Practice / clinic

Practice address	Phone	Fax

I am the treating provider for this patient. I certify that the services above are medically necessary and that I am managing the patient's condition.

Provider signature	Date

CONFIDENTIAL: This fax contains protected health information. If received in error, please notify Elderberry RDN at 802-518-0485 and destroy all copies.