Laurie McDonald, RD, CNSC

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Laurie McDonald Nutrition

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Insurance accepted: Aetna, BCBSAZ, Medicare, OptumCare, UHC, UHC Community Plan (AHCCCS)

Patient:

Name _____ DOB _____

Phone _____ Email _____

Reason for MNT Referral:

Note: I will contact the patient to schedule an appointment. Please call with questions or to coordinate care.
Please send pertinent labs, H&P, and other supporting documentation of diagnoses.

Common MNT Diagnostic Codes (ICD-10)

(ICD-10 codes are for your convenience, please alter/change as needed & check all that apply below)

☐	Abnormal Weight Gain	R63.5	☐	GERD w/out esophagitis	K21.9
☐	Abnormal Weight Loss	R63.4	☐	Heart Failure	I50
☐	Anemia, unspecified	D64.9	☐	Pre-Diabetes	R73.03
☐	Anemia, Iron Deficiency	D50.9	☐	Pure Hypercholesterolemia	E78.0
☐	Anorexia	R63.0	☐	Hyperlipidemia, unspecified	E78.5
☐	Celiac Disease	K90.0	☐	Hypertension, unspecified	I10
☐	Constipation	K59.00	☐	Hypoglycemia, unspecified	E16.2
☐	Crohn's Disease, unspecified	K50.9	☐	Irritable Bowel Syndrome	K58
☐	CKD, Stage 3	N18.3	☐	Malnutrition of Mild Degree	E44.1
☐	CKD, Stage 4	N18.4	☐	Malnutrition of Moderate Degree	E44.0
☐	CKD, Stage 5	N18.5	☐	Overweight	E66.3
☐	Diabetes, T2 w/out complications	E11.9	☐	Obese	E66.0
☐	Diabetes, T2 w/kidney complications	E11.2	☐	Morbid Obesity	E66.01
☐	Diabetes, T2 w/circulatory complications	E11.5	☐	Polycystic Ovarian Syndrome	E28.2
☐	Diabetes, T2 w/hyperglycemia	E11.65	☐	Underweight	R63.6
☐	Diabetes, _____	E_____	☐	Dietary Surveillance/Counseling	Z71.3
☐	Functional Diarrhea	K59.1	☐	Other _____	_____
☐	GERD w esophagitis	K21.0	☐	Other _____	_____
☐	Other _____	_____	☐	Other _____	_____

Physician signature _____

Printed name _____

Group/Practice Name _____ Date _____

Address _____ NPI _____

Office Phone _____ Fax _____