



**GI Nutrition NW**

# NUTRITION REFERRAL FORM

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**Fax to 971-277-5491**

DATE: \_\_\_\_\_

**PATIENT INFORMATION**

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 INSURANCE: \_\_\_\_\_  
 ID: \_\_\_\_\_

**PHYSICIAN INFORMATION**

PHYSICIAN: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**REASON FOR REFERRAL** *(select all that apply)*

✓	ICD10 CODE	DIAGNOSIS
	K58	IBS
	K58.0	IBS with diarrhea
	K58.1	IBS with constipation
	K58.2	IBS mixed
	R19.4	Change in bowel habit
	R14.0	Abdominal bloating
	R10.9	Abdominal pain, unspecified
	R14.3	Flatulence
	R19.7	Diarrhea, unspecified
	K59.00	Constipation, unspecified
	K21.9	GERD without esophagitis
	K21.0	GERD with esophagitis
	R12	Heartburn

✓	ICD 10 CODE	DIAGNOSIS
	K90.0	Celiac disease
	K50.0	Crohn's disease of small intestine
	K50.1	Crohn's disease of large intestine
	K50.8	Crohn's disease of small & large intestine
	K51	Ulcerative colitis
	K31.84	Gastroparesis
	R11.0	Nausea
	R11.2	Nausea with vomiting, unspecified
	K63.89	Other specified disease of intestine
	K20.0	Eosinophilic esophagitis (EoE)
	OTHER	

**Please also include physician notes, laboratory data, and procedure notes.**