



GI Nutrition NW

NUTRITION REFERRAL FORM

Tina Patnode, RDN, LD, CD & Alyssa O'Brien, RDN, LD, CD

Phone: 971-238-2369

Fax to 971-277-5491

Please include demographic information, physician notes, and laboratory data

DATE: _____

PATIENT INFORMATION

NAME: _____

DOB: _____

PHONE: _____

INSURANCE: _____

Member ID: _____

PHYSICIAN INFORMATION

PHYSICIAN: _____

PHONE: _____

FAX: _____

SIGNATURE: _____

REASON FOR REFERRAL *(select all that apply)*

✓	ICD10 CODE	DIAGNOSIS
<input type="checkbox"/>	K58	IBS
<input type="checkbox"/>	K58.0	IBS with diarrhea
<input type="checkbox"/>	K58.1	IBS with constipation
<input type="checkbox"/>	K58.2	Mixed IBS
<input type="checkbox"/>	R19.4	Change in bowel habit
<input type="checkbox"/>	R14.0	Abdominal bloating
<input type="checkbox"/>	R10.9	Abdominal pain, unspecified
<input type="checkbox"/>	R19.7	Diarrhea, unspecified
<input type="checkbox"/>	K59.00	Constipation, unspecified
<input type="checkbox"/>	K63.8219	Small Intestinal Bacterial Overgrowth, unspecified
<input type="checkbox"/>	K63.8211	Small Intestinal Bacterial Overgrowth, hydrogen-subtype
<input type="checkbox"/>	K63.829	Intestinal Methanogen Overgrowth

✓	ICD 10 CODE	DIAGNOSIS
<input type="checkbox"/>	K90.0	Celiac disease
<input type="checkbox"/>	K90.41	Non-celiac gluten sensitivity
<input type="checkbox"/>	K50.90	Crohn's disease, unspecified, without complications
<input type="checkbox"/>	K51.90	Ulcerative colitis, unspecified, without complications
<input type="checkbox"/>	K21.9	GERD without esophagitis
<input type="checkbox"/>	K31.84	Gastroparesis
<input type="checkbox"/>	R11.0	Nausea
<input type="checkbox"/>	R11.2	Nausea with vomiting, unspecified
<input type="checkbox"/>	K90.49	Food Intolerance
<input type="checkbox"/>	K20.0	Eosinophilic esophagitis (EoE)

OTHER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------