



REFERRAL FOR MEDICAL NUTRITION THERAPY

Please complete this form and fax it to 801-931-2156 or email it to hello@positive-nutrition.com. We will then schedule the appointment directly with the patient. Since diagnosis is out of scope for the registered dietitian, we require documentation from the diagnosing provider in order to be able to bill insurance under that diagnosis. Completing this form helps us greatly to provide great service to our patients. Thanks in advance for your help!

Patient Information:

Name:	Date:
Insurance:	Date of Birth:
Phone Number:	Home Address:

Common Eating Disorder MNT Diagnostic Codes (ICD-10)

These codes are provided for your convenience. Please check all that apply and/or feel free to add any ICD-10 codes not listed that are relevant.

- | | |
|---|---------|
| <input type="checkbox"/> Anorexia nervosa, restricting type, unspecified | F50.019 |
| <input type="checkbox"/> Anorexia nervosa, binge eating/purging type, unspecified | F50.029 |
| <input type="checkbox"/> Bulimia nervosa, unspecified | F50.20 |
| <input type="checkbox"/> Other eating disorders | F50.8 |
| <input type="checkbox"/> Binge-eating disorder, unspecified | F50.819 |
| <input type="checkbox"/> Avoidant/restrictive food intake disorder | F50.82 |
| <input type="checkbox"/> Other specified eating disorder | F50.89 |
| <input type="checkbox"/> Eating disorder, unspecified | F50.9 |

Therapist Signature: _____ Therapist name: _____

Group Name: _____ Practice Phone Number: _____

Comments: