

Synergy Health Club Nutrition Services Referral Form

Patient's First and Last Name: _____

Today's Date: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Patient's Address: _____

THE ABOVE PATIENT IS TO RECEIVE MEDICAL NUTRITION THERAPY FOR THE FOLLOWING:

- General Nutrition Education New Treatment Plan
 Weight Management Other: _____
 New Diagnosis

PLEASE CHECK ALL RELEVANT DIAGNOSES & LIST ANY ADDITIONAL DIAGNOSES:

ICD-10	ICD-10 DESCRIPTION	ICD-10	ICD-10 DESCRIPTION
<input type="checkbox"/> Z71.3	Dietary Counseling & surveillance	<input type="checkbox"/> D64.9	Anemia, unspecified
<input type="checkbox"/> E10.9	Type 1 DM without complications	<input type="checkbox"/> M81.0	Age-related osteoporosis
<input type="checkbox"/> E11.9	Type 2 DM without complications	<input type="checkbox"/> R73.03	Pre-diabetes
<input type="checkbox"/> E66.3	Overweight	<input type="checkbox"/> N18.1	CKD stage 1
<input type="checkbox"/> E66.9	Obesity, unspecified	<input type="checkbox"/> N18.2	CKD stage 2
<input type="checkbox"/> R63.6	Underweight	<input type="checkbox"/> N18.3	CKD stage 3
<input type="checkbox"/> I10	Primary Hypertension	<input type="checkbox"/> N18.4	CKD stage 4
<input type="checkbox"/> K50.9	Chron's disease, unspecified	<input type="checkbox"/> N18.5	CKD stage 5
<input type="checkbox"/> K51	Ulcerative Colitis	<input type="checkbox"/> _____	_____
<input type="checkbox"/> K58	Irritable Bowel Syndrome	<input type="checkbox"/> _____	_____
<input type="checkbox"/> K90.0	Celiac Disease	<input type="checkbox"/> _____	_____
<input type="checkbox"/> E03.9	Hypothyroidism, unspecified	<input type="checkbox"/> _____	_____

LAB WORK: Attach or fax most recent & relevant lab work.

INSURANCE: Attach a copy of front and back of card.

ACTIVITY RESTRICTION: If none, list N/A

Physician's Printed Name: _____

Physician's Signature: _____

CURRENT MEDICATIONS: List below or attach list.

NPI: _____

Date: _____

Fax completed form to patient's Synergy Health Club location and provide copy to patient.

SYNERGY NAPA
 3421 Villa Lane
 Napa, CA 94558
 Fax: 707.251.1373

SYNERGY PETALUMA
 1201 Redwood Way,
 Petaluma, CA 94954
 Fax: 707.789.7028

For more info or to contact our Registered Dietitian directly, email isabel.debnam@Synergyhealthclub.org

