



1500

NORTHSIDE HOSPITAL

APFIX PATIENT LABELS OVER THIS BOX

BAR CODE MUST FALL BETWEEN THESE LINES

Location:	Scheduling Contact Information
<input type="checkbox"/> Atlanta	Phone: 404-236-8036
<input type="checkbox"/> Cherokee	Fax: 404-236-8267
<input type="checkbox"/> Forsyth	

- Patient demographics with insurance information should accompany this form
- Please fax most recent clinical notes & labs (i.e. HgbA1c, Triglycerides, Cholesterol, HDL, LDL, CBC) to **404-236-8267**

Patient Name: _____ DOB: _____ Gender: Male Female

Preferred Phone: _____ Alternate Phone: _____

English Speaking: Yes No Preferred Language: _____ Hearing Impairment: Yes No

Check to activate Nutrition Counseling Order for:

<input type="checkbox"/> Medical Nutrition Therapy	<input type="checkbox"/> Bariatric Surgery Nutrition Consult; Surgery Type _____
<input type="checkbox"/> Weight Loss Needed	<input type="checkbox"/> Post Bariatric Surgery; Surgery Type _____
<input type="checkbox"/> Weight Gain Needed	

An ICD-10 Code MUST be selected. Check ALL that apply. *If other is selected write in ICD-10 code.

<p><u>WEIGHT MANAGEMENT</u></p> <p><input type="checkbox"/> E66.3 – Overweight (BMI 25-29.9)</p> <p><input type="checkbox"/> E66.9 – Obesity (BMI 30-39.9)</p> <p><input type="checkbox"/> E66.01 – Morbid Obesity (BMI > 40)</p> <p><input type="checkbox"/> R63.6 – Underweight</p> <p><input type="checkbox"/> R63.4 – Abnormal Weight Loss</p> <p><input type="checkbox"/> R63.5 – Abnormal Weight Gain</p>	<p><u>DIGESTIVE SYSTEM</u></p> <p><input type="checkbox"/> K90.0 – Celiac Disease</p> <p><input type="checkbox"/> K59 – Constipation</p> <p><input type="checkbox"/> K50.9 – Crohn’s Disease</p> <p><input type="checkbox"/> K57.92 – Diverticulitis</p> <p><input type="checkbox"/> R13.10 – Dysphagia</p> <p><input type="checkbox"/> K31.84 – Gastroparesis</p> <p><input type="checkbox"/> K21.9 – GERD</p> <p><input type="checkbox"/> K58 – Irritable Bowel Syndrome</p> <p><input type="checkbox"/> K51 – Ulcerative Colitis</p>	<p><u>CARDIAC</u></p> <p><input type="checkbox"/> I51.9 – Heart Disease</p> <p><input type="checkbox"/> I50.9 – Heart Failure</p> <p><input type="checkbox"/> E78.0 – Hypercholesterolemia</p> <p><input type="checkbox"/> E78.5 – Hyperlipidemia</p> <p><input type="checkbox"/> I10 – Hypertension</p> <p><u>RENAL/LIVER</u></p> <p><input type="checkbox"/> N18.9 – Chronic Kidney Disease</p> <p><input type="checkbox"/> N18.6 – End Stage Renal Disease</p> <p><input type="checkbox"/> K76.0 – Fatty Liver (nonalcoholic)</p>
<p><u>ENDOCRINE, NUTRITIONAL & METABOLIC</u></p> <p><input type="checkbox"/> D64.9 – Anemia, Unspecified</p> <p><input type="checkbox"/> D52.0 – Dietary Folate Anemia</p> <p><input type="checkbox"/> D50.9 – Iron Deficiency Anemia</p> <p><input type="checkbox"/> D51.3 – Other Dietary Vitamin B12 Deficiency Anemia</p> <p><input type="checkbox"/> E11.9 – Diabetes</p> <p><input type="checkbox"/> R73.9 – Hyperglycemia</p> <p><input type="checkbox"/> E16.2 – Hypoglycemia</p> <p><input type="checkbox"/> E03.9 – Hypothyroidism</p> <p><input type="checkbox"/> E88.81 – Metabolic Syndrome</p> <p><input type="checkbox"/> E28.2 – PCOS</p> <p><input type="checkbox"/> R73.03 – Prediabetes</p>	<p><u>Maternal Health</u></p> <p><input type="checkbox"/> 030.001-003 – Pregnancy Twins</p> <p><input type="checkbox"/> 030.101-103 – Pregnancy Triplets</p> <p><input type="checkbox"/> 026.01-03 – Pregnancy w/ Excessive Weight Gain</p> <p><input type="checkbox"/> 026.11-13 – Pregnancy w/ Insufficient Weight Gain</p> <p><u>Oncology</u></p> <p><input type="checkbox"/> C18.9 – Colon Cancer</p> <p><input type="checkbox"/> C15.9 – Esophageal Cancer</p> <p><input type="checkbox"/> C16.9 – Gastric Cancer</p> <p><input type="checkbox"/> C76.0 – Head/Neck Cancer</p> <p><input type="checkbox"/> C34.9 – Lung Cancer</p> <p><input type="checkbox"/> C25.9 – Pancreatic Cancer</p>	<p><u>OTHER Diagnoses</u></p> <p><input type="checkbox"/> F50.00 – Anorexia Nervosa, Unspecified</p> <p><input type="checkbox"/> F50.2 – Bulimia Nervosa</p> <p><input type="checkbox"/> F50.9 – Eating Disorder, Unspecified</p> <p><input type="checkbox"/> E73.9 – Lactose Intolerance</p> <p><input type="checkbox"/> E46 – Malnutrition</p> <p><input type="checkbox"/> Z71.3 – Dietary Counseling & Surveillance</p> <p><input type="checkbox"/> Z93.1 – Gastrostomy (feeding tube)</p> <p><input type="checkbox"/> Z72.4 – Inappropriate Diet & Eating Habits</p> <p><input type="checkbox"/> Other: ICD-10 _____</p> <p><input type="checkbox"/> Other: ICD-10 _____</p> <p><input type="checkbox"/> Other: ICD-10 _____</p>

Ordering Physician Information

Name: _____

Phone #: _____ Fax #: _____

Signature: _____ Date: _____

MEDICAL NUTRITION THERAPY/ NUTRITION EDUCATION PHYSICIAN ORDER FORM