



Licensed Nutritionist Referral Order

Referred

By Dr.: \_\_\_\_\_

Patient: \_\_\_\_\_

First and Last Name

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

The patient is being referred for nutrition therapy/counseling to:

Miranda Ebner MS, LN

Clinical Nutritionist

Thrive Nutrition LLC

P: (612) 440-2415

F: (612) 677-3062

www.thrivenutritionmn.com

Our Office would like to receive progress notes on the referred patient. Please send to:

Clinic/ Dr Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance

\_\_\_ Aetna

\_\_\_ United Healthcare

\_\_\_ None - can pay HSA/FSA/Cash

\_\_\_ Blue Cross (out of network)

\_\_\_ PPO plan with out of network benefits

\_\_\_ Medicare (Type 2 diabetes only)

Reason (ICD10)

\_\_\_ Obesity; BMI »30: E66.9; BMI: \_\_\_\_\_

\_\_\_ Overweight BMI 25-29.9: E66.3

\_\_\_ Pre-Diabetes: R73.03; A1C: \_\_\_\_\_

\_\_\_ Hyperlipidemia: E78.5

\_\_\_ Type2Diabetes: E11.9; A1C: \_\_\_\_\_

\_\_\_ Metabolic Syndrome: E88.81

\_\_\_ Polycystic Ovarian Syndrome: E28.2

\_\_\_ Irritable Bowel Syndrome: K58.9

\_\_\_ Hypertension: 110

\_\_\_ Seizures ICD code: \_\_\_\_\_

\_\_\_ Celiac: K86.81

\_\_\_ IBD ICD code(s): \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Pregnancy: malnutrition: 025.10

\_\_\_ Pregnancy: low weight: 026.10

\_\_\_ Pregnancy: excessive weight: 026.00

\_\_\_ Pregnancy: obesity complicating: 099.210

\_\_\_ Pregnancy: elevated glucose: 099.810

\_\_\_ Pregnancy: pre-existing Type 2 Diabetes: 024:119

\_\_\_ Pregnancy: gestational diabetes, non-insulin:  
024.410

\_\_\_ Pregnancy: gestational diabetes with insulin:  
024.414

\_\_\_ Pregnancy: pre-existing hypertension: 010.019

\*\* Please complete and return referral form back via fax to 612-677-3062 \*\*