Real.Life.Nutrition.
Tel: (501) 777-8120
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Medical Nutrition Therapy Referral Form

Patient's Last Name	First Name	Middle	Gender: □ male □ female	Medicare HICN # DOB:

Address

Home Number | Work Number | Other Contact #s:

MNT is Medicare Part B benefit for diabetes, pre-dialysis renal disease and the period of 36 months after kidney transplant. Research indicates that MNT is cost-effective as it improves outcomes.

Medical Nutrition Therapy (MNT):

(Check services being ordered)

Provided by a registered dietitian:

- □ Initial MNT
- □ Annual follow-up MNT
- □ Additional MNT services in the same calendar year per RD recommendations.

Please specify change in diagnosis, medical condition or treatment regimen:

_____

_____

_____

Diagnosis:

(Please send recent labs for outcomes evaluation)

- □ Type 1 controlled
- □ Type 1 uncontrolled
- □ Type 2 controlled
- □ Type 2 uncontrolled
- □ Gestational diabetes
- □ Renal disease
- □ Dyslipidemia
- □ Stroke
- □ Hypertension
- □ Obesity
- □ Heart Disease

□ Other: _____

_____

Patient Behavioral Goals:

_____

_____

_____

_____

Desired Clinical Outcomes:

- □ A1c_____ □ BP_____ □ LDL _____
- □ Total Cholesterol_____ □ HDL_____
- □ Triglycerides_____ □ GFR_____
- □ Other:_____

_____

Medications:

(Specify type, dose, frequency):

For Diabetes:

Oral: Insulin:

For Other:

Physician Signature and UPIN#: Date:

_____

Group/Practice Name, Address, and Phone Number:

_____