Return to Amy Porter: <u>amy.porter@dietitiansofalaska.com</u> or Fax 907-644-8448



PATIENT REFERRAL FORM TO DIETITIANS OF ALASKA

Today's Date:		
Patient's Name:		
Last	First	MI
DOB:	Patient's Phone:_	
Insurance Plan:		
Referring Provider Information		
Provider's Name:		
Practice/Clinic Name:		
Provider's Phone:	Provider's Fax:	
Provider's Address		
Provider's NPI Number:		
* Unfortunately, we are currently <u>unal</u> Dietary/Nutritional Therapy coverage		Medicaid and Tricare due to lack of
** We kindly request that the following years old; pregnant patients; patients of eating disorders (except binge eating d	on hemodialysis; disease related	
*** Please note exceptions to the above	e may apply for bariatric patie	nts.

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Primary Reason for Referral (ICD-10) ***At least 1 ICD-10 is required for referral***	
☐ Allergic and Dietetic gastroenteritis and colitis (K52.2)	
Celiac Disease (K90.0)	
Constipation (K59)	
☐ Crohn's Disease of the small intestine (K50)	
☐ Crohn's Disease of the large intestine (K50.1)	
☐ Crohn's Disease of both small and large intestine (K50.8)	
☐ Crohn's Disease, unspecified (K50.9)	
☐ Diverticulosis (K57.3)	
☐ Eosinophilic esophagitis (K20.0)	
☐ Fatty liver disease, nonalcoholic (76.0)	
☐ Functional Diarrhea (K59.1)	
☐ Gastroesophageal reflux disease with esophagitis (K21.0)	
☐ Gastroesophageal reflux disease without esophagitis (K21.9)	
☐ Gastroparesis (K31.84)	
☐ Irritable bowel syndrome (K58)	
☐ Pancreatitis, Other chronic (K86.1)	
☐ Ulcerative colitis (K51)	
Other:	
Sacandam Diagnosas (Haluful fan Inguranas Caranaga)	
Secondary Diagnoses (Helpful for Insurance Coverage)	
☑ Dietary counseling and surveillance (Z71.3)	
Essential Hypertension (I10.0)	
Hypercholesterolemia (E78.0)	
☐ Obesity BMI 30-39.9 (E66.9)☐ Morbid Obesity BMI >40 (E66.01)	
Type 2 diabetes without complications (E11.9)	
Type 2 diabetes without complications (E11.9)	
Special Instructions	
☐ FODMAP Diet	
☐ Gluten free diet	
☐ Low histamine diet	
☐ SIBO diet	
Other:	