



**St. Clair County
Community Mental Health**
*Promoting Discovery & Recovery Opportunities
for Healthy Minds & Bodies*

(810) 985 8900

Physician Referral for Dietitian

Physician or Psychiatrist Name: _____ Specialty: _____

Individual: _____ Case #: _____ DOB: _____

Height: _____ Weight: _____

Reason for referral to dietitian (**diabetes or CKD must be checked** to qualify for MNT (Medical Nutrition Therapy)):

- ☐ E10.9 Type 1 Diabetes Mellitus - ***Without*** Complications
☐ E10.8 Type 1 Diabetes Mellitus - ***With Unspecified*** Complications
- ☐ E11.8 Type 2 Diabetes Mellitus - ***Without*** Complications
☐ E11.9 Type 2 Diabetes Mellitus - ***With Unspecified*** Complications
- ☐ R73.09 Pre-diabetes
☐ E66.9 Obesity, Unspecified Obesity NOS
- ☐ CKD (identify stage):
☐ N18.1 CKD Stage 1 ☐ N18.4 CKD Stage 4
☐ N18.2 CKD Stage 2 ☐ N18.5 CKD Stage 5
☐ N18.3 CKD Stage 3 ☐ Z94.0 Kidney Transplant Status
- ☐ Other Diagnoses- Must include ICD-10 Code: _____

Pertinent Lab Data (or attach report):

For Patients With CKD:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> HgbA1C (please include if referral is for diabetes) | <input type="checkbox"/> Creatinine |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> BUN |
| <input type="checkbox"/> Total Cholesterol | <input type="checkbox"/> GFR |
| <input type="checkbox"/> Triglycerides | <input type="checkbox"/> Ca |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Phosphorus |
| | <input type="checkbox"/> Potassium |

Current medications (or attach list):

List any diet or nutrition recommendations made to patient:

*The form **must** be signed by a **Physician or Psychiatrist** to qualify for MNT*

Physician / Psychiatrist Signature

Date

Time