PATH Wellness, LLC "Your goal, Our guidance "

Nutrition Referral Form

Sridevi Srinivasan, RD

Please ask patient to call to schedule an appointment

PH: 408-598-6064

From:

Referring Physician Name/Phone/Fax (or stamp)

Patient's Name:_____ DOB: _____Gender: _____

Parent/Guardian Name:_____ Phone Number:_____

Reason for MNT Referral

- Overweight (wt____ht_____BMI____)
- Underweight (wt____ht____BMI____)
- Anemia (Hgb/Hct_____)
- HTN (BP_____)
- High Cholesterol (TC_____LDL_____HDL____TG_____)
- Diabetes, type 2 (BG_____A1c_____)
- Feeding concerns (infant/child)
- Failure to thrive (child)
- Allergies/intolerances
- Nutrient deficiency (iron____, calcium____)
- Gastrointestinal (vomiting____, constipation____, diarrhea____)
- Diet concerns/questions
- Other (specify):_____

REQUIRED

Medical Diagnosis: _____

ICD 10 code(s): _____

Physician Signature: _____

Physician NPI #: _____

Please attach Labs, Growth and BMI Charts, Medication List and any other commentsand efax it to **1 (877) 274-3210**

www.pathiswellness.com Phone: **4085986064**
eFax: **1 (877) 274-3210**

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Medical Nutrition Therapy
Referral Process

Thank you for making a Medical Nutrition Therapy (MNT) referral toPATH Wellness, LLC. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- Complete an MNT form. The following are **REQUIRED**.

  -medical diagnosis

  -ICD 10 diagnosis code

  -physician's signature and NPI number

- Have office or patient call to schedule an appointment: 408-598-6064.

- PATH Wellness will send a follow-up report within 30 days of the referral to inform him/her of the status of the referral.

- A report of the MNT appointment will be faxed to the referring clinician and will note any scheduled follow-up visits.

- If unable to reach the patient with 3 or more attempts by phone/letter or the patient declines services, PATH Wellness will notify the referring clinician via fax to complete the referral process. The clinician may refer the patient again as needed.

- If the patient misses a scheduled appointment, PATH Wellness will attempt to reschedule. The referring physician will be notified when a patient misses two, consecutive appointments and request they refer the patient again as needed.

If you have questions or concerns regarding this process, please contact:

Sridevi Srinivasan, RDN,

408-598-6064