## **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 REQUIRED Anemia (Hgb/Hct\_\_\_ ) HTN (BP\_\_\_\_) Medical Diagnosis: \_\_\_\_\_ High Cholesterol ICD 10 code(s): \_\_\_\_\_ (TC LDL HDL TG ) Diabetes, type 2 (BG\_\_\_\_\_A1c Physician Signature: Feeding concerns (infant/child) Physician NPI #: Failure to thrive (child) Allergies/intolerances Nutrient deficiency (iron , calcium ) Gastrointestinal (vomiting , constipation , diarrhea ) Diet concerns/questions Other (specify):

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

## 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.

- o Complete an MNT form. The following are **REQUIRED**.
  - -medical diagnosis
  - -ICD 10 diagnosis code
  - -physician's signature and NPI number
- o Have office or patient call to schedule an appointment: 408-598-6064.
- o PATH Wellness will send a follow-up report within 30 days of the referral to inform him/her of the status of the referral.
- o A report of the MNT appointment will be faxed to the referring clinician and will note any scheduled follow-up visits.
- o 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.
- o 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

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