To Provider: MELISSA HOOVER, RD, LD
NPI: 1548433212
Tel: 478-219-5909
Fax: 478-200-9588
Office: 71 N. Jackson St, Forsyth, GA 31029

IGNITE
NUTRITION SERVICES
— Melissa Hoover RD, LD —

Pediatric Referral for Medical Nutrition Therapy (MNT)/ Nutrition Counseling

Please fax this sheet with the following information to (478) 200-9588
(Demographic/Insurance Information recent office notes, current labs, and medication list)

Patient Name: _____ **DOB:** _____/_____/_____

Parent/Caregiver Name: _____

Preferred phone #: _____ Alt. phone #: _____

Insurance: _____ Type: HMO/PPO/Medicaid

Above is referred for medical nutrition therapy as a necessary part of medical treatment and prevention of complications for diagnoses listed below.

Referral Needs: ☐**New Dx/Referral** ☐**Change in Status/New Complication**

Check all diagnoses that apply to this referral:

<u>Pediatric Obesity/Weight Management</u>
☐ E66.3 Overweight
Z68.53 BMI 85th% - < 95th% for age
☐ E66.9 Obesity, unspecified
Z68.54 BMI > 95th% for age
☐ E66.01 Morbid (severe) obesity
BMI > 99% for age

<u>Eating Problems/Underweight</u>
☐ R63.3 Feeding difficulties
☐ R63.4 Abnormal weight loss
☐ R63.6 Underweight/
Z68.51 BMI < 5% for age
☐ Eating disorder (specify code) _____

<u>Cardiovascular/Metabolic/Endocrine Diseases</u>
☐ I10 Hypertension
☐ E78.0 Pure Hypercholesterolemia
☐ E78.1 Hypertriglyceridemia
☐ E78.5 Hyperlipidemia
☐ R73.03 Prediabetes
☐ E10.9 Type 1 Diabetes
☐ E11.9 Type 2 Diabetes
☐ E28.2 PCOS

<u>Preventive/Other</u>
☐ Z71.3 Dietary Counseling and Surveillance
☐ ICD code/Dx _____
☐ ICD code/Dx_____

Provider Signature: _____Date: _____ NPI: _____

Provider Name: _____Phone: _____ Fax:_____