



Outpatient Nutrition Counseling
 100 W. California Blvd, Pasadena, CA 91105
 www.HuntingtonHospital.com/NutritionCounseling
 Nutrition Office Phone: (626) 397-8450

NUTRITION REFERRAL FORM

**Please fax completed forms to (626) 397-2217.
 All patients are responsible for scheduling their own appointments by
 contacting the Call Center at (626) 397-5600 ext. 6.**

Patient Information

Client Name _____ Date of referral _____
 Client phone number(s)
 Home _____ or Cell _____
 Date of Birth _____

Diagnosis

___ Diabetes type 1 (E10.9)	___ Dyslipidemia (E78.9)
___ Diabetes type 2 (E11.9)	___ Hypertension (I10)
___ Other abnormal glucose (R73.09)	___ Fatty Liver (K70.0, K76.0)
___ Overweight/Obesity (E66.3/E66.9)	___ Food allergies (T78.40XA)
___ Underweight (R63.6)	___ Failure to Thrive- Pediatrics (R62.51)

Other _____
Please fax lab values; For pediatrics, attach growth charts and MD progress note(s)

Education Rx (CPT 97802, 97803, 97804)

___ Diabetes education	___ Medical Nutrition Therapy
___ Glucose meter education	___ Weight Management (gain/loss)
___ Cholesterol management	___ Blood pressure management

Other _____
If renal, please specify desired protein, sodium, fluid, potassium and/or phosphorus restriction(s)

Referring Physician Signature _____

Physician phone _____ Fax _____