



OUTPATIENT NUTRITION COUNSELING - REFERRAL FORM

To be completed by referring physician and faxed to 619-740-4723

Sharp Grossmont Hospital
Sharp Memorial Hospital

Sharp Chula Vista Medical Center
Sharp Coronado Hospital

Questions? Please call 619-740-4632

Medical Nutrition Therapy (Nutrition Counseling):

PROCEDURE CODE	UNIT/INCREMENTS	# OF UNITS = 1 Hour
CPT - 97802 (MNT) - Initial assessment & intervention, individual, face-to-face with a Registered Dietitian	15 minute Each (1 unit)	4 units
CPT - 97803 (MNT) - Reassessment & intervention, individual face-to-face with patient, with a Registered Dietitian	15 minute Each (1 unit)	4 units

PATIENT: _____ DOB: _____ DATE FAXED: _____

PHYSICIAN: _____ PHONE: _____ FAX: _____

DIAGNOSIS/ICD-10 (select all that apply):

- E78.5 Hyperlipidemia, Unspecified
- E78.4 Other Hyperlipidemia
- E78.0 Hypercholesterolemia
- I10 Essential (Primary) Hypertension
- E66.9 Obesity, Unspecified
- E66.01 Obesity, Morbid (severe) due to excess calories
- Other: _____
(ICD-10 CODE & DIAGNOSIS PLEASE)
- N18.9 Chronic Kidney Disease, Unspecified
- N18.3 Chronic Renal Failure, Stage III (moderate)
- N18.4 Chronic Renal Failure, Stage IV (severe)
- N18.5 Chronic Renal Failure, Stage V
- R63.5 Abnormal Weight Gain
- R63.4 Abnormal Weight Loss

DIET RX (select all that apply):

- Weight Reduction Diet
- Diabetic Diet
- Low Fat/Cholesterol Diet
- Low Sodium Diet
- Renal (non-dialysis) Diet
- Modified Fiber (high/low fiber) Diet
- Ulcerative Colitis/Crohn's Disease Diet
- Celiac/Gluten Free Diet
- Fluid Restriction (indicate amount per day): _____
- Other Diet: _____

EXERCISE LIMITATION (please mark one):

- Exercise allowed as tolerated
- Exercise with specified restriction: _____
- No exercise allowed

MD Signature: _____



*****PLEASE COMPLETE ABOVE AND FAX ALONG WITH*****



- INSURANCE AUTHORIZATION
- RECENT HISTORY & PHYSICAL/VISIT NOTES
- INSURANCE CARD
- LAB WORK



Additional forms can be found at www.sharp.com/nutrition/outpatient-program-forms.cfm