



YES! NUTRITION, LLC
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MEDICAL NUTRITION THERAPY (MNT) REFERRAL FORM

Instructions: Please complete this form and send a copy of this form plus all pertinent labs, H&P, and other supporting documents to YES! Nutrition, LLC via mail at: *PO Box 383, Fort Recovery, OH 45846*. Please give the original form to the patient and have the patient call YES! Nutrition, LLC at (937)489-6670 or visit www.YESNutritionLLC.com/getstarted to schedule an appointment. Patient should bring original form to first appointment.
Please call with questions or to coordinate care. *Thank you!*

YES! Nutrition Office Location: Innergy Fitness, 803 N. 2nd Street, Coldwater, OH 45828

Patient Name: _____ Date of Birth: ____/____/____
Phone Number: _____ Email: _____
Address: _____

Diagnosis/Reason for MNT Referral:

Commonly used MNT ICD-10 Codes.

Provided for your convenience. Please check all that apply and alter/change as needed.

- ☐ Z68.____ : Body mass index (BMI): _____, adult
- ☐ E66.0 : Obese due to excess calories
- ☐ E66.01 : Morbid (severe) obesity due to excess calories
- ☐ E66.3 : Overweight
- ☐ E66.8 : Other obesity
- ☐ E66.9 : Obesity, unspecified – obesity NOS
- ☐ R63.4 : Abnormal weight loss
- ☐ R63.5 : Abnormal weight gain – not during pregnancy
- ☐ R63.6 : Underweight
- ☐ I10 : Essential (primary) hypertension
- ☐ E78.0 : Pure hypercholesterolemia
- ☐ E78.1 : Pure hyperglyceridemia
- ☐ E78.2 : Mixed hyperlipidemia
- ☐ E78.5 : Hyperlipidemia, unspecified
- ☐ E88.81 : Metabolic syndrome
- ☐ F50.____ : Anorexia nervosa, _____
- ☐ F50.2 : Bulimia nervosa
- ☐ F50.9 : Eating disorder, unspecified
- ☐ D50.8 : Other iron deficiency anemias
(due to inadequate iron intake)

- ☐ E10.____ : Type 1 diabetes mellitus, _____
- ☐ E11.____ : Type 2 diabetes mellitus, _____
- ☐ E16.1 : Other hypoglycemia
- ☐ E28.2 : Polycystic ovarian syndrome
- ☐ E03.9 : Hypothyroidism, unspecified
- ☐ R73.01 : Impaired fasting glucose
- ☐ R73.02 : Impaired glucose tolerance test (oral)
- ☐ R73.03 : Pre-diabetes
- ☐ K21.____ : Gastroesophageal reflux disease, _____
- ☐ K50.____ : Crohn's disease, _____
- ☐ K51 : Ulcerative colitis
- ☐ K58 : Irritable bowel syndrome
- ☐ K59 : Constipation
- ☐ K90.0 : Celiac disease
- ☐ O21.0 : Mild hyperemesis gravidarum
- ☐ O24.____ : Pre-existing diabetes mellitus, type _____, in pregnancy
- ☐ O24.410 : Gestational diabetes mellitus, diet-controlled
- ☐ Z71.3 : Dietary counseling and surveillance
- ☐ _____ : _____
- ☐ _____ : _____

Physician Signature: _____ Date: _____

Printed Name: _____ NPI: _____

Group/Practice Name: _____

Address: _____

Office Phone: _____ Office Fax: _____