**Anna Pugsley Nutrition & Wellness, LLC**

**Anna Comiotes-Pugsley, RD, CDN**

 **488 Freedom Plains Rd, Suite 138**

**Poughkeepsie, NY 12603**

**845 337-4644**

**Fax 845 249-2249**

**P**: 203. 671. 3392

**F**: 888. 855. 7803

|  |  |
| --- | --- |
| Date:  | Patient name  |
| Day time Phone:  | Insurance:  |
| DOB:  | Address:  |

Please place a

√ in the box that best describes the patient’s diagnosis

|  |  |  |
| --- | --- | --- |
| **√** | **ICD -10** | **ICD – 10 Description** |
|  |  | **Type 1 diabetes**  |
|  | E10.64 | Type 1 diabetes w/hypoglycemia |
|  | E10.65 | Type 1 diabetes w/hyperglycemia |
|  | E10.9 | Type 1 diabetes w/no complications  |
|  |  | **Type 2 diabetes**  |
|  | E11.64 | Type 2 diabetes w/hypoglycemia |
|  | E11.65 | Type 2 diabetes w/hyperglycemia |
|  | E11.8 | Type 2 diabetes w/ no complications |
|  |  | **Weight Management**  |
|  | E66.3 | Overweight |
|  | E66.9 | Obesity, unspecified  |
|  |  | **Kidney Disease** |
|  | N18.5 | Chronic kidney disease, stage 5 |
|  | N18.4 | Chronic kidney disease, stage 4 |
|  | N18.32 | Chronic kidney disease, stage 3b |
|  | N18.31 | Chronic kidney disease, stage 3a |
|  |  | **Cardiovascular, Endocrine & Metabolic Diseases** |
|  | I10 | Hypertension |
|  | E78.0 | Pure Hypercholesterolemia |
|  | E78.5 | Hyperlipidemia, unspecified  |
|  | E88.81  | Metabolic Syndrome  |
|  | R73.01 | Impaired Fasting Blood Glucose |
|  | R73.03 | Pre-Diabetes  |
|  |  | Eating Disorders |
|  | F50.00 | Anorexia Nervosa |
|  | F50.2 | Bulimia Nervosa |
|  | F50.9  | Eating Disorder, unspecified  |

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute the delivery of patient services. Please understand as a link in the “Chain of Trust,” all PHI will remain confidential as mandated by the Treatment, Payments and Healthcare Operation Laws mandated by HIPPA.

Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print MD Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MD’s NPI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above patient is referred for ***medical nutrition therapy*** as a necessary part of medical treatment and prevention for the diagnoses listed.