

Medical Nutrition Therapy Diagnosis Form



Patient: _____ DOB: _____

Parent or Guardian: _____ Phone: _____

Insurance: _____ Referring Dr/Organization _____

All sessions are done one on one and if needed family interventions are available.

Diagnosis and code: (Please Indicate diagnosis codes to the highest level of specificity; write in if not present)

Endocrine/Nutritional/Metabolic 240-279

| | |
|--------------------------------|--------|
| Diabetes type 2, w/o comp | 250.00 |
| Diabetes type 1 w/o comp | 250.01 |
| Diabetes type 2, w/o comp unc. | 250.02 |
| Diabetes type 1, w/o comp unc. | 250.03 |
| Impaired Fasting Glucose | 790.21 |
| Gout, unspecified | 274.9 |
| Hypercholesterolemia | 272.0 |
| Hypertriglyceridemia | 272.1 |
| Hypoglycemia | 251.2 |
| Lactose Intolerance | 271.3 |
| Obesity, unspecified | 278.00 |
| Obesity, morbid | 278.01 |
| Overweight | 278.02 |
| Polycystic Ovarian | 256.4 |
| Protein Calorie Malnutrition | 263.9 |
| Unspecified Hypothyroidism | 244.9 |

Circulatory 390-459

| | |
|---------------------------|-------|
| Hypertension, unspecified | 401.9 |
|---------------------------|-------|

Other:

| | |
|-----------------------------|--------|
| Nutrition Surveillance | V65.3 |
| Inappropriate eating habits | V69.1 |
| H/O Food allergies | V15.05 |

Digestive 520-579

| | |
|--------------------------|--------|
| Celiac Disease | 579.0 |
| Constipation | 564.0 |
| Crohn's Disease | 555.9 |
| Diverticulosis of colon | 562.10 |
| Irritable Bowel Syndrome | 564.1 |

Other Diagnoses

| | |
|-----------------------------|--------|
| Anorexia Nervosa | 307.1 |
| Bulimia Nervosa | 307.51 |
| Eating Disorder Unspecified | 307.50 |
| Esophagitis | 530.10 |
| Failure to Thrive | 783.41 |
| Food Allergy | 693.1 |
| Loss of Weight | 783.21 |
| Kidney stones | 592.0 |
| Underweight | 783.22 |
| Anorexia | 783.0 |

Pregnancy

| | |
|--|--------|
| Gestational diabetes, complicating pregnancy | 648.00 |
| Gestational diabetes, with delivery | 648.01 |

Note to RD:

Physician information:

Name: _____ UPIN: _____

Signature: _____ Date: _____

Phone: _____

Fax: _____