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Referral for Medical Nutrition Therapy

Patient Name: _____

Patient Date of Birth: _____

Provider name: _____

Provider's clinic location: _____

Today's date: _____

Any specific diet order: _____

REQUEST- Our office would like to receive progress notes on this patient. Please **(1) Check off ALL medical diagnosis (2) Add progress notes/medication list /recent labs/H&P.** Please return this **FAX to 612-712-8264**

E66.01	Morbid obesity d/t excess calories	K59	Constipation									
E66.09	Other obesity d/t excess calories	K75.81	Nonalcoholic steatohepatitis (NASH)									
E66.1	Drug-induced obesity	K76.0	Fatty (change of) liver, not classified									
E66.3	Overweight	K21.____	GERD_____									
E66.8	Other obesity	K50.____	Crohn's disease_____									
E66.9	Obesity, unspecified	K90	Celiac disease									
E88.81	Metabolic syndrome	K58	Irritable bowel syndrome									
E28.2	Polycystic ovarian syndrome	_____	Other: _____									
E78.00	Pure hypercholesterolemia, unspecified	_____	Other: _____									
E78.1	Pure hyperglyceridemia	Z79.4	Long term (current) use of insulin									
E78.2	Mixed hyperlipidemia	R73.01	Impaired fasting glucose									
E11.____	Type 2 diabetes with _____	R73.03	Prediabetes									
E11.6	Type 2 diabetes with other specified complications	R63.5	Abnormal weight gain - not pregnant									
E11.9	Type 2 diabetes without complications	O24.4__	Gestational diabetes, _____ controlled									
E78.5	Hyperlipidemia, unspecified	O26.00	Excessive weight gain in pregnancy									
_____	Other: _____	O99.210	Obesity complicating pregnancy									
I10	Essential (primary) hypertension	E44.1	Malnutrition/mild									
I50.9	Heart failure, unspecified	E44.0	Malnutrition/moderate:									
N18.____	Chronic kidney disease, stage _____		Other: _____									
_____	Other: _____		Other: _____									
<input checked="" type="checkbox"/> Lab work (Please attach or complete)		BP ____ / ____										
Hct/ Hgb	FBS &/or pc	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

The above patient's information is Protected Health Information (PHI), and is the minimum necessary to execute 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. Insurances we accept in Minnesota:

