Priyanka S., Registered Dietitian Nutritionist, Licensed Dietitian 2136 FORD PKWY #5285, St. Paul MN 55116; **Phone: 612-756-9894; FAX: 612-712-8264**; **www.gingerspicehealth.com**

Referral form FOR MEDICARE patients

Today's Date: _____ Patient Name:_____ Patient DOB:_____

Patient phone no: _____ Insurance company: _____

Address: _____City: _____State:_____ Zip: _____

REQUEST- Please (1) **check off medical diagnosis in this form** (2) **attach latest progress note/medication list/ recent labs/H&P / AND demographic info**. One Step process:

Hippa **FAX # 612-712-8264**

Any specific diet patient is on/diet order: _____

Please fill/ check that apply:

Diabetes Dx: Type 2 with _____Mo/Yr. diagnosed-_____ Special Needs: Language/Hearing/Speech/Vision)
Long term use of insulin _____ Chronic kidney stage_____
Complicating Conditions: HTN_____ Dyslipidemia _____ Nephropathy_____ Neuropathy_____
Exercise plan: Released:_____ Not released:

Blood pressure: _____/_____ Medications: Please attach list Lab work: Please fill or attach

Hct/Hgb	FBS/& or pc	HgB A1C	Total Chol	HDL	LDL	Triglycerides	UA Micro Albumin/Cr	BUN/Cr	eGFR	Na/K	Phos/PTH	vitD

Physician Signature (accepting Medicare) MD/DO: _____Physician Name (print MD/DO): _____

Clinic Name:_____ NPI Number: _____ Phone:_____ Fax:_____

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute 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 HIPAA.

We believe in collaborating and teamwork for positive patient outcomes! **Please feel free to make copies and use this referral form anytime when you have a patient who could benefit from diet and nutrition counseling**. We are in-network with many major insurances in MN. Let us take care of the rest! We help with verifying nutrition benefits, schedule, and keep you informed of progress.