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 Registered Dietitian & Eating Disorder Specialist
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Nutrition Referral Form

Patient's Name: _____
 Patient's Address: _____ DOB: _____
 Patient's Phone #: _____ Health Insurance: _____

ICD-10 Diagnosis (Please check **ALL** diagnoses that apply. Write in additional below)

✓	ICD-10	EATING DISORDERS	✓	ICD-10	LIPID & CARDIOVASCULAR
	F50.01	Anorexia Nervosa, restricting		E78.00	Hypercholesterolemia
	F50.02	Anorexia Nervosa, binge eating/purging		E78.5	Hyperlipidemia
	F50.2	Bulimia Nervosa		E78.1	Hypertriglyceridemia
	F50.81	Binge Eating Disorder		I10	Essential (primary) hypertension
	F50.9	Eating Disorder, unspecified		Z82.49	Family history of heart disease
		DIABETES & ENDOCRINE			GASTROINTESTINAL
	E10.9	Type 1 diabetes without complications		K21.9	GERD/ reflux
	E11.9	Type 2 diabetes without complications		K50.90	Crohn's disease
	E11.65	Type 2 diabetes with hyperglycemia		K51.90	Ulcerative Colitis
	E28.2	Polycystic Ovarian Syndrome		K58.0	IBS with diarrhea
	R73.09	Abnormal glucose/ prediabetes		K58.9	IBS without diarrhea
	O24.419	Gestational diabetes		K90.0	Celiac disease
		WEIGHT			MISCELLANEOUS
	E66.9	Obesity, BMI 30-39.9		Z71.3	Dietary counseling and surveillance
	E66.01	Morbid (severe) obesity, BMI ≥ 40		Z72.4	Inappropriate diet and eating habits
	E66.3	Overweight, BMI 25-29.9			
	R63.6	Underweight			

Diagnosis: _____ ICD-10: _____
Diagnosis: _____ ICD-10: _____
Diagnosis: _____ ICD-10: _____

*****Please attach labs, growth & BMI charts & any other information you wish us to have*****

Referring Provider's Signature Referring Provider's NPI # Date

Please FAX or EMAIL completed form to Christina Frangione
FAX 631-812-5292 | EMAIL christinafrangione.rd@gmail.com