

# PEDIATRIC MEDICAL NUTRITION THERAPY REFERRAL FORM

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**PLEASE FAX COMPLETED REFERRAL TO 770-852-8648 BEFORE GIVING TO PATIENT.**

**PATIENT INFORMATION:** Date of Referral: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M F

Parent/Guardian Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

## **ANTHROPOMETRICS:**

### For ages 0 to 2:

Weight: \_\_\_\_\_ lb/kg

Length: \_\_\_\_\_ in/cm

Head Circumference: \_\_\_\_\_

\_\_\_\_\_ in/cm

Weight for Stature %: \_\_\_\_\_

Weight for age %: \_\_\_\_\_

Stature for age %: \_\_\_\_\_

### For ages 3 to 18:

Weight: \_\_\_\_\_ lb/kg \_\_\_\_\_ %

Height: \_\_\_\_\_ in/cm \_\_\_\_\_ %

BMI: \_\_\_\_\_ /

\_\_\_\_\_ %

## **SERVICES REQUESTED:**

\_\_\_\_\_ Initial Medical Nutrition Therapy (CPT - 97802)  
(CPT - 97803)

\_\_\_\_\_ Follow-up Medical Nutrition Therapy

Comments / Goals for Medical Nutrition Therapy (MNT):

**PHYSICAL ACTIVITY RESTRICTIONS:** None:

\_\_\_\_\_ Limited to:

**PERTINENT LAB RESULTS:** (Please list all that apply along with date collected or attach lab print out)

**PERTINENT MEDICATIONS:** (Please list all that apply and reason for prescribing)

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**MEDICAL DIAGNOSES:** (Reason for Medical Nutrition Therapy Referral)

(List all diagnoses that apply for medical necessity documentation and reimbursement purposes.)

Primary Dx: \_\_\_\_\_ (Include ICD-10 code) \_\_\_\_\_

Secondary Dx: \_\_\_\_\_ (Include ICD-10 code) \_\_\_\_\_

Tertiary Dx: \_\_\_\_\_ (Include ICD-10 code) \_\_\_\_\_ *Please  
attach any pertinent medical documentation.*

**REFERRING PHYSICIAN INFORMATION:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Physician Name (print): \_\_\_\_\_ NPI #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The information requested above is Protected Health Information (PHI), and is necessary to initiate delivery of MNT services.  
All PHI will remain confidential as mandated by the Treatment, Payments and Healthcare Operation Laws mandated by  
HIPAA.**