



901 Battleground Avenue Suite E  
Greensboro, NC. 27408  
Phone: 336-291-3622  
Email: Mona@foodmatters365.com  
Website: MSBites.com  
**Fax: 336-234-1343**

NAME: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 BCBS  CASH PAY with superbill

## DIETITIAN REFERRAL FORM

Fee for service: Direct billing to **Blue Cross Blue shield** Insurance Plans available.  
 Please ask patient to **call our office at 336-291-3622** to schedule an appointment. Telehealth visits available.

**Referred by:** \_\_\_\_\_ **NPI#** \_\_\_\_\_

**Comments:**

### DIAGNOSIS

MULTIPLE SCLEROSIS (G35) \_\_\_\_\_

### COMORBIDITIES: CHECK ALL THAT APPLY

- |   |  |
|---|--|
| <input type="checkbox"/> TYPE 1 DIABETES W/O COMPLICATIONS (E10.9)  | <input type="checkbox"/> CROHN'S DISEASE OF LARGE INTESTINE W/OUT COMPLICATIONS (K50.10) |
| <input type="checkbox"/> TYPE 2 DIABETES W/O COMPLICATIONS (E11.9)  | <input type="checkbox"/> ULCERATIVE COLITIS W/OUT COMPLICATIONS (K51.80)                 |
| <input type="checkbox"/> TYPE 2 DIABETES, W/ HYPERGLYCEMIA (E11.65) | <input type="checkbox"/> FOOD ALLERGIES (K52.2)  |
| <input type="checkbox"/> OTHER ABNORMAL GLUCOSE (R73.09)            | <input type="checkbox"/> IRRITABLE BOWEL SYNDROME (K58.0)                                |
| <input type="checkbox"/> PURE HYPERCHOLESTEROLEMIA (E78.0)          | <input type="checkbox"/> POLYCYSTIC OVARIAN SYNDROME (E28.2)                             |
| <input type="checkbox"/> HYPERTRIGLYCERIDEMIA/PURE (E78.1)          | <input type="checkbox"/> ABNORMAL WEIGHT LOSS (R63.4)                                    |
| <input type="checkbox"/> HYPERLIPIDEMIA/MIXED (E78.2)               | <input type="checkbox"/> ABNORMAL WEIGHT LOSS (R63.4)                                    |
| <input type="checkbox"/> HYPERLIPIDEMIA, OTHER (E78.4)              | <input type="checkbox"/> ABNORMAL WEIGHT GAIN (R63.5)                                    |
| <input type="checkbox"/> HYPERLIPIDEMIA, UNSPECIFIED (E78.5)        | <input type="checkbox"/> EATING DISORDER, UNSPECIFIED (F50.9)                            |
| <input type="checkbox"/> METABOLIC SYNDROME (E88.81)                | <input type="checkbox"/> _____ ICD10 _____   |
| <input type="checkbox"/> HYPERTENSION (I10)                         | <input type="checkbox"/> _____ ICD10 _____   |
| <input type="checkbox"/> HYPERTENSION W/OUT CHF (I11.9)             | <input type="checkbox"/> _____ ICD10 _____   |

**\*\*Please attach patient's medical history and any recent labs\*\***