

Love to Live Well.com  
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Referral for Medical Nutrition Therapy (MNT)  
Please fax to: 940-312-7283

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Group NPI # 1427306547  
Ind. NPI # 1699023713

Date:	Patient name:	Gender (circle one): M F	Date of Birth:
Phone number(s):	Email Address:	Height:	Weight:
Reason for MNT referral/service:			

**MEDICAL DIAGNOSES (PLEASE CHECK ALL THAT APPLY BELOW AND SIGN/DATE)**

[Required to initiate MNT service]

√	ICD-9	ENDOCRINE, NUTRITIONAL & METABOLIC	√	ICD-9	MENTAL DISORDERS	√	ICD-9	GENITOURINARY
	112.5	Disseminated candidiasis		307.1	Anorexia nervosa		585.1	Chronic kidney disease, Stage I
	246.9	Unspec. disorder of thyroid		307.50	Eating disorder unspec.		585.2	Chronic kidney disease, Stage II
	244.9	Unspec. acquired hypothyroidism		307.51	Bulimia nervosa		585.3	Chronic kidney disease, Stage III
	250.01	Diabetes, 1, w/o complic.		314.00	ADD (child) w/o hyperactivity		585.4	Chronic kidney disease, Stage IV
	250.02	Diabetes, 2, w/o complic. or unspec. type, uncontrolled			<b>CIRCULATORY</b>		585.5	Chronic kidney disease, Stage V
	250.03	Diabetes, 1, w/o complic., uncontrolled		401.0	Malignant essential hypertension		585.6	End stage renal disease
	250.90	Diabetes, 2, with unspec. complic. or unspec. type		401.1	Benign essential hypertension		585.9	Chronic kidney disease, unspec.
	251.1	Other specified hypoglycemia		401.9	Unspec. essential hypertension		586.0	Renal failure unspec.
	251.2	Hypoglycemia unspec.		402.10	Benign hypertensive heart disease w/o heart failure		593.9	Unspec. Disorder or kidney & ureter
	256.4	Polycystic ovarian syndrome		402.90	Unspec. hypertensive heart disease w/o heart failure		626.0	Absence of menstruation
	261	Nutritional marasmus		414.3	Coronary atherosclerosis due to lipid rich plaque		627.9	Unspec. menopausal & post-menopausal disorder
	262	Other severe protein-calorie malnutrition		414.9	Chronic ischemic heart disease unspec.			<b>OTHER</b>
	263.0	Malnutrition of moderate degree		428.0	Congestive heart failure unspec.		648.83	Gestational diabetes
	268.9	Unspec. vitamin D deficiency		429.9	Heart disease unspec.		693.1	Dermatitis: Due to food taken internally
	269.2	Unspec. vitamin deficiency		443.9	Peripheral vascular disease unspec.		701.2	Acquired acanthosis nigricans
	271.2	Hereditary fructose intolerance			<b>DIGESTIVE</b>		714.0	Rheumatoid arthritis
	271.3	Lactose intolerance		530.8	Esophageal reflux		729.1	Myalgia & myositis unspec.
	271.9	Glucose intolerance		533.90	Peptic ulcer disease		733.02	Osteoporosis idiopathic
	272.0	Pure hypercholesterolemia		555.9	Crohn's disease NOS		780.50	Unspec. sleep disturbances
	272.1	Pure hyperglyceridemia		556.0	Ulcerative (chronic) enterocolitis		780.57	Unspec. sleep apnea
	272.2	Mixed hyperlipidemia		558.3	Gastroenteritis/colitis: Due to food		783.0	Anorexia
	272.4	Other & unspec. hyperlipidemia		562.01	Diverticulitis of small intestine (w/o hemorrhage)		783.1	Abnormal weight gain
	272.9	Unspec. disorder of lipid metabolism		562.10	Diverticulosis of colon (w/o hemorrhage)		783.21	Loss of weight
	274.9	Gout unspec.		562.11	Diverticulitis of colon (w/o hemorrhage)		783.22	Underweight
	277.7	Dysmetabolic syndrome x		564.00	Unspec. constipation		783.4	Lack of expected normal physiological development in childhood
	278.00	Obesity unspec.		564.1	Irritable bowel syndrome		783.9	Other symptoms concerning nutrition metabolism & development
	278.01	Morbid obesity		571.5	Cirrhosis of the liver w/o alcohol		787.01	Nausea & vomiting
	278.02	Overweight		571.9	Unspec. chronic liver disease w/o alcohol		787.91	Diarrhea
		<b>BLOOD DISORDERS</b>		575.9	Unspec. disorder of gallbladder		790.21	Other abnormal glucose
	285.9	Anemia unspec.		579.0	Celiac disease		790.29	Other abnormal glucose
		<b>OTHER (please specify)</b>		V65.3	Dietary surveillance & counseling		995.6	Anaphylactic shock due to unspec. food
				V69.1	Inappropriate diet & eating habits		995.7	Other adverse food reactions, not elsewhere classified

**MNT is a necessary part of the patient's medical treatment for the medical diagnosis(es) listed above.**

Comments (medical conditions, goals for nutrition therapy):		
Physical Activity Restrictions:	<input type="checkbox"/> none	<input type="checkbox"/> limit to:
Other Restrictions:	<input type="checkbox"/> none	<input type="checkbox"/> limit to:
Physician's Signature:	Date:	NPI number: