



UnityPoint Health
Jones Regional Medical Center

ATTN: MARILYN McCALL, MA. RD.LD.
 1795 HWY 64 EAST
 ANAMOSA, IA 52205
 (319) 481-6353
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Medical Nutrition Therapy- Nutrition Consult

Patient Name _____ Date of Birth _____

Parent Name if Patient is <18 yrs. Old _____ Phone(s) _____

Address: _____ City _____

Physician _____ Phone _____ FAX _____

Medicare Part B/Insurance _____ Other Insurance _____

Diagnosis and ICD-10 Codes: For **the Medicare part B MNT benefit**, the diagnosis must be diabetes (2 FBS of ≥ 126 mg/dl or two 2-hour post glucose challenge ≥ 200 mg/dl or a random glucose test >200 mg/dl for a person with symptoms of uncontrolled DM), *non-dialysis kidney disease* GFR of 13 – 50 ml/min/1.73m², or *post-transplant kidney disease (<36 months)*. Private insurances criteria and benefits vary.

Primary Diagnosis: _____ ICD-10 _____

Secondary Diagnoses: _____ ICD-10 _____

Medical History Significant for: _____

Diet Order: _____ (or will be determined by RD based on diagnosis)

Labs: Please attach recent pertinent labs, history, and physical, or complete the following:

Date										
Glucose			CHOL			TGL			Albumin	
HbA1c			HDL			BUN			Pre. Album	
			LDL			Creati			Phosp	

Information Helpful Prior to Scheduling Patient:

- ✓ Height _____ Weight _____ Growth records for children _____
- ✓ Relevant Medications _____
- ✓ Exercise Restriction: YES _____ NO _____

This medical nutrition therapy is a necessary part of the patient's medical treatment for diagnosis listed above.

Physician Signature _____ M.D. NPI _____

PA Signature if applicable _____ Date ____/____/____

Thank you for your referral