



Healthy Connections Nutritional Counseling Program

Referral for Nutritional Counseling by a Licensed Dietitian

Date:	Patient Name:	Date of Birth
		_____ Female _____ Male
Daytime telephone number: DHEC has permission to call this number ____yes ____no Can DHEC leave a message _____yes ____no		Medicaid Number:
Alternate telephone number: DHEC has permission to call this number ____yes ____no Can DHEC leave a message _____yes ____no		County where patient wants to receive services:
Requested Service: _____ Initial assessment and five (5) follow-up visits		

Medical Diagnoses: (Check the appropriate code)

	ICD-9	Endocrine, Nutritional, Metabolic (Adult)		ICD-9	Pediatric Obesity
	V85. ____	Obesity, adult, Body Mass Index greater than or equal to 30		V85.54	Body Mass Index, pediatric, greater than or equal to 95 th percentile

Patient Information:	Height:	Weight:	Last BMI:	Waist Circumference:
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Relevant Medications and Doses: (type/frequency)
(attached list if available)

Relevant Lab Data: (attach current lab data if available)

Physical Activity Limitations: _____none _____yes

Limit activity to: _____

Comments (goals for nutrition therapy):

Provider's Name: _____

UPIN/NPI Number: _____

Telephone: _____ **Fax:** _____

Email: _____

Date:	Lab Value:
	BP: mm/Hg
	Glucose: mg/dl
	HbA1c: %
	TC: mg/dL
	HDL: mg/dL
	LDL: mg/dL
	TG: g/dL

ICD-9 DIAGNOSIS CODES (Adults):

The diagnosis codes used for billing for adult weight management program services:

V85.0 BMI less than 19

V85.1 BMI 19.0 – 24.9

V85.21 BMI 25.0 – 25.9

V85.22 BMI 26.0 – 26.9

V85.23 BMI 27.0 – 27.9

V85.24 BMI 28.0 – 28.9

V85.25 BMI 29.0 – 29.9

V85.30 BMI 30.0 – 30.9

V85.31 BMI 31.0 – 31.9

V85.32 BMI 32.0 – 32.9

V85.33 BMI 33.0 – 33.9

V85.34 BMI 34.0 – 34.9

V85.35 BMI 35.0 – 35.9

V85.36 BMI 36.0 – 36.9

V85.37 BMI 37.0 – 37.9

V85.38 BMI 38.0 – 38.9

V85.39 BMI 39.0 – 39.9

V85.40 BMI 40.0 – 40.9

V85.41 BMI 41.0 – 44.9

V85.42 BMI 45.0 – 49.9

V85.43 BMI 50.0 – 59.9

V85.44 BMI 60.0 – 69.9

V85.45 BMI 70 and over

Healthy Connections Nutritional Counseling Program
Referral for Medical Nutrition Therapy by a Registered Dietitian

Purpose: Obtain the information required to provide nutritional counseling for patients enrolled in the weight management program.

Instructions:

Date: Enter today's date

Patient Name: Enter the patient's name

Day Time Telephone Number: Enter the telephone number provided by the patient.

Permission to Call: Check Yes or No

Permission to Leave a Message: Check Yes or No

Alternate Telephone Number: Enter the telephone number provided by the patient.

Permission to Call: Check Yes or No

Permission to Leave a Message: Check Yes or No

County Where the Patient Want to Receive Services: Enter the county

Requested Service: Check Initial assessment and five (5) follow-up visits

Medical Diagnosis: Check adult and enter the last 2-digits of the ICD-9 Code that corresponds to the BMI of the patient. For pediatric patients, check the V85.54 box (a single code is used for pediatric patients)

Patient Information: Enter the height, weight, BMI and waist circumference.

Lab Data: Attach the most recent test results or enter the results in the table.

Relevant Medications and Doses: Attach the medications list or enter the type and dose of medications

Physical Limitations: Check Yes or No; enter any restrictions for physical activity

Comments: Enter the goals of the provider for nutritional counseling

Provider's Name: Enter the name of the referring health care provider

Provider's Signature: Sign the form or use an electronic signature

UPI/NPI Number: Enter the NPI number (required)

Provider's Contact Information: Enter the provider's contact information