

Nutrition Referral Form

Jessica Skeffington, RD/LD

Please ask patient to call to schedule an appointment or go online to metrofamilytherapy.com.

PH: 405-837-1033

From:

Referring Physician Name/Phone/Fax (or stamp)

Patient's Name: _____ DOB: _____ Gender: _____

Parent/Guardian Name: _____ Phone Number: _____

Reason for MNT Referral

- Overweight (wt____ht____BMI____)
- Underweight (wt____ht____BMI____)
- Anemia (Hgb/Hct____)
- HTN (BP____)
- High Cholesterol
(TC____LDL____HDL____TG____)
- Diabetes, type 2 (BG____A1c____)
- Malnutrition
- Chronic Kidney Disease (Stage _)
- Allergies/intolerances (_____)
- Nutrient deficiency (iron____, calcium____)
- Gastrointestinal (vomiting____, constipation____, diarrhea____)
- Diet concerns/questions/General Healthy Eating
- Other (specify): _____

REQUIRED

Medical Diagnosis: _____

ICD 10 code(s): _____

Physician Signature: _____

Physician NPI #: _____

Please attach Labs, Growth and BMI Charts, Medication List and any other comments

FAX COMPLETED FORM TO: 405-300-0646

Medical Nutrition Therapy Referral Process

Thank you for making a Medical Nutrition Therapy (MNT) referral to Metro Family Therapy. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- Complete an MNT form. The following are **REQUIRED**.
 - medical diagnosis
 - ICD 10 diagnosis code
 - physician's signature and NPI number
- Fax the referral to Metro Family Therapy at 405-300-0646. Fax number is provided on the referral form. Metro Family Therapy is HIPAA compliant, and referrals are received via a secure fax.
- For Medicare coverage, your referring physician must be a Medicare provider. Medicare covers only Renal diseases, Type 1 and 2 Diabetes.
- Have office or patient call to schedule an appointment: 405-837-1033.
- Metro Family Therapy will send a follow-up report within 30 days of the referral to inform him/her of the status of the referral.
- If unable to reach the patient with 3 or more attempts by phone/letter or the patient declines services, Metro Family Therapy will notify the referring clinician via fax to complete the referral process. The clinician may refer the patient again as needed.
- If the patient misses a scheduled appointment, Metro Family Therapy will attempt to reschedule.

If you have questions or concerns regarding this process, please contact:

Metro Family Therapy

405-837-1033