

## Nutrition That Heals Powered by Berry Street Referral Form

Founder & Lead Nutrition Therapist: Jessica M. Kelly, RDN, LDN / NPI: 1871224840

### How it works:

1. Fill out the form below.
2. Email or fax the completed form + front and back of the patient's insurance card.
3. We take care of the rest! We will schedule the patient, verify their insurance, and keep you updated on their progress.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician NPI: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_ Physician Fax #: \_\_\_\_\_

### Medical Diagnosis (Check all that apply):

Diabetes			Eating Disorders/Disordered Eating		
<input type="checkbox"/>	E10. __	Type 1 diabetes mellitus	<input type="checkbox"/>	F50.00	Anorexia nervosa, unspecified
<input type="checkbox"/>	E11. __	Type 2 diabetes mellitus	<input type="checkbox"/>	F50.01	Anorexia nervosa, restricting type
<input type="checkbox"/>	R73.03	Pre-diabetes	<input type="checkbox"/>	F50.02	Anorexia nervosa, binge eating/purging type
<b>Kidney Disease</b>			<input type="checkbox"/>	F50.2	Bulimia nervosa
<input type="checkbox"/>	N18. __	Chronic kidney disease, stage __	<input type="checkbox"/>	F50.08	Other eating disorder
<b>Disease of the Circulatory System</b>			<input type="checkbox"/>	F50.09	Eating disorder, unspecified
<input type="checkbox"/>	I10	Essential hypertension	<input type="checkbox"/>	R62.6	Underweight
<input type="checkbox"/>	I11. __	Hypertensive heart disease	<b>Diseases of the Digestive System</b>		

**Offering Virtual Nutrition Counseling Services to Lancaster County and Beyond!**

**Phone:** 610-331-2671 / **Fax:** 1-888-702-4059

**Email:** [jkelly@berrystreet.co](mailto:jkelly@berrystreet.co)

**Web:** [www.nutrition-that-heals.com](http://www.nutrition-that-heals.com)

<input type="checkbox"/>	I12	Hypertensive chronic kidney disease	<input type="checkbox"/>	K21.0	Gastroesophageal reflux disease with esophagitis
<input type="checkbox"/>	I25	Chronic ischemic heart disease	<input type="checkbox"/>	K21.9	Gastroesophageal reflux disease without esophagitis
<input type="checkbox"/>	I50	Heart failure	<input type="checkbox"/>	K50. __	Crohn's disease
<b>Endocrine, Nutrition &amp; Metabolic Diseases</b>			<input type="checkbox"/>	K57. __	Diverticulosis of _____
<input type="checkbox"/>	E78.0	Pure hypercholesterolemia	<input type="checkbox"/>	K58	Irritable bowel syndrome (IBS)
<input type="checkbox"/>	E78.1	Pure hyperglyceridemia	<input type="checkbox"/>	K59	Constipation
<input type="checkbox"/>	E78.2	Mixed hyperlipidemia	<input type="checkbox"/>	K59.1	Functional diarrhea
<input type="checkbox"/>	E78.4	Other hyperlipidemia	<input type="checkbox"/>	K70.3	Alcoholic cirrhosis of liver
<input type="checkbox"/>	E78.5	Hyperlipidemia, unspecified	<input type="checkbox"/>	_____	
<b>Other</b>			<input type="checkbox"/>	_____	
<input type="checkbox"/>	Z71.3	Dietary counseling and surveillance			
<input type="checkbox"/>	E28.2	Polycystic ovarian syndrome			
<input type="checkbox"/>	E03.9	Hypothyroidism			

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.

***We sincerely appreciate your referral and look forward to supporting your patient's wellness!***