**Hasbro Children's Hospital**
The Pediatric Division of Rhode Island Hospital
*A Lifespan Partner*

MEDICAL NUTRITION THERAPY REFERRAL

Date: ____/____/____

Patient Name: _____

Address: _____

_____

Telephone: _____ D.O.B.: _____

Primary Language: _____ Interpreter Required Yes: _____ No: _____

Referring Physician: _____

Address: _____

_____

Telephone #: _____ Fax #: _____

Contact person if applicable and phone #: _____

**Insurance including policy number:** *(Check all that apply)*

| | | | |
|---|---|---|---|
| □ NHPRI RIte Care | □ BCBSRI | □ Cigna | □ Katie Beckett |
| □ UHPNE RIte Care | □ BlueChip | □ HealthNet | □ No Coverage |
| □ Tufts | □ BlueChip RIte Care | □ Medicaid/SSI- Rhode Island | □ Other Insurer/Info (policy/auth. #) |
| □ Harvard Pilgrim | □ Lifespan Blue | □ Medicaid/SSI- Massachusetts | _____ |
| □ Aetna | □ Health Mate Coast to Coast | | **Policy number**:_____ |

Policy Number: _____ Guarantor: _____Guarantor DOB: _____

Referral Number: _____ Number of Visits: _____ Expiration Date: _____

**Reason for Referral (Specify the ICD-10 Diagnosis – check all that apply):**

| | | | | | |
|---|---|---|---|---|---|
| □ Abnormal Wt Gain | R63.5 | □ Gastrointestinal Food Allergy | K52.2 | □ Overweight | E66.3 |
| □ Abnormal Wt Loss | R63.4 | □ Hypercholesterolemia | E78.0 | □ Underweight | R63.6 |
| □ Dermatitis d/t ingested food | L27.2 | □ Hyperlipidemia, Mixed | E78.2 | □ Vitamin D deficiency | E55.9 |
| □ Elevated BP w/o HTN | R03.0 | □ Hypertension, Essential (Primary) | I10 | □ Other (Specify **ICD-10** code): | |
| □ Failure to Thrive (child) | R62.51 | □ Hyperglyceridemia | E78.1 | | |
| □ Feeding Difficulties/Intolerance | R63.3 | □ Malnutrition | E46 | □ | |
| □ Feeding disorder of infancy and early childhood | F98.29 | □ Nutritional deficiency, unspecified | E63.9 | □ | |
| | | □ Obesity (Unspecified) | E66.9 | □ | |

Additional Information: _____

Physician Signature: _____

**Please check with insurance plan prior to referring patient for nutrition counseling to verify patient's plan covers nutrition visits. Obtain and include prior approval information for medical nutrition therapy when applicable. Insurance coverage varies based on individualized plans.**

**Please fax referral to (401)444-6360**