

# KELLY'S CHOICE

IMPACTING LIVES

**KELLY SPRINGER MS, RD, CDN**

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## Services Referral Form

### PATIENT INFORMATION

Full Name :

Address :

Date of Birth :

 /  / 

Referring Physician:

Email :

Phone:

Phone:

Fax:

Work/Cell:

Address:

Country :

City:

State:

**RX:**

RD to assess and treat with nutrition therapy

Provide complete Diabetes Self Management Training

Instruct on \_\_\_\_\_ nutrition therapy

**PLEASE FAX THIS FORM AND PERTINENT LABS TO 315-685-2150**

#### CDM

97802TPV

97803TPV

97804TPV

#### UNITS

MNT INITIAL ASSESSMENT (15 MIN EACH)

MNT REASSESSMENT (15 MIN EACH)

MNT GROUP (30 MIN EACH)

#### CPT CODES

97802

97803

97804

#### DIAGNOSIS

DIET COUNSELING & SURVEILLANCE  
 GESTATIONAL DIABETES  
 PREDIABETES  
 TYPE 1 DM W/O COMPLICATIONS  
 TYPE 2 DM W/O COMPLICATIONS  
 HYPERTENSION  
 ACUTE ON CHRONIC CHF  
 HYPERLIPIDEMIA/DYSLIPEDEMIA  
 HYPERCHOLESTEROLEMIA  
 METABOLIC SYNDROME  
 CHRONIC KIDNEY DISEASE, UNSPECIFIED  
 OVERWEIGHT  
 OBESITY/MORBID OBESITY  
 IBS (OTHER)  
 DIVERTICULOSIS  
 ULCERATIVE COLITIS  
 CROHN'S DISEASE  
 DIVERTICULITIS

#### DIAGNOSIS CODE

Z71.3  
 O24.410  
 R73.03  
 E10.9  
 E11.9  
 I10  
 I50.23  
 E78.5  
 E78.0  
 E88.81  
 N18.9  
 E66.3  
 E66.8/E66.01  
 K58.8  
 K57.9  
 K51.9  
 K50.90  
 K57.8

#### DIAGNOSIS

CELIAC DISEASE  
 GASTRITIS  
 GERD WITH/WITHOUT ESOPHAGITIS  
 CONSTIPATION  
 DIARRHEA  
 UNSPECIFIED NUTRITIONAL DEFICIENCY  
 ANOREXIA NERVOSA (UNSPECIFIED)  
 BULIMIA NERVOSA  
 BINGE EATING DISORDER  
 ABNORMAL WEIGHT LOSS/ANOREXIA  
 UNDERWEIGHT  
 INAPPROPRIATE EATING HABITS  
 ANEMIA (UNSPECIFIED)  
 LACTOSE INTOLERANCE  
 BARIATRIC SURGERY STATUS  
 HX OF TIA ORCVA

#### DIAGNOSIS CODE

K90.0  
 K29.7  
 K21.0/K21.9  
 K59.00  
 R19.7  
 E63.9  
 F50.00  
 F50.2  
 F50.81  
 R63.4/R63.0  
 R63.6  
 Z72.4  
 D64.9  
 E73.9  
 Z98.84  
 Z86.73

**THANK YOU FOR CHOOSING KELLY'S CHOICE**