HUNTSVILLE NUTRITION
COLLECTIVE

Pediatric Referral Form

please include any prior growth charts and/or weight and height hx

Patient Name: _____Parent/Guardian Name(s):_____
Patient's Phone Number: _____ DOB: ____/____/____ Age: _____
Address:_____
Patient Email Address: _____
Insurance Carrier: _____ Subscriber Name: _____
Subscriber DOB: ____/____/____ Subscriber Relationship to Patient: _____
ID Number: _____ Insurance Company Phone Number: _____

Referring Provider: _____ Phone Number: _____
NPI: _____ Fax Number: _____
Do you want an update on this patient after their first appointment? ▢ Yes ▢ No

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Medical Diagnosis (check all that apply or use blank spaces as needed)

▢	F50.00	Anorexia Nervosa, unspecified	▢	F50.2	Bulimia Nervosa
▢	F50.01	Anorexia Nervosa, restricting type	▢	F50.8	Other eating disorder
▢	F50.02	Anorexia Nervosa, binge eating/purging type	▢	F50.9	Eating disorder, unspecified
▢	Z68.51	BMI, pediatric, less than 5th percentile for age	▢	F50.81	Binge Eating Disorder
▢	Z68.52	BMI, Pediatric, 5th percentile to less than 85th percentile for age	▢	F50. 82	Avoidant/Restrictive Food Intake Disorder
▢	Z68.53	BMI, Pediatric, 85th percentile to less than 95th percentile for age	▢	R62.51	Failure to Thrive, Child
▢	Z68.54	BMI, Pediatric, greater than or equal to 95th percentile for age	▢	R63.4	Abnormal weight loss
▢	z71.3	Dietary counseling and surveillance	▢	R63.5	Abnormal weight gain, not during pregnancy
▢	z91.01	Allergy to_____	▢	K90.0	Celiac Disease
▢			▢		
▢			▢		

Huntsville Nutrition Collective LLC | Registered Dietitian Nutritionists | 200 Westside Sq, Ste 750, Huntsville, AL 35801 | Phone: 256-224-1665 | Fax: 833-629-8753

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