



HUNTSVILLE NUTRITION  
COLLECTIVE

**Adult Referral Form**

Patient Name: \_\_\_\_\_  
 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

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

<input type="checkbox"/>	F50.00	Anorexia Nervosa, unspecified	<input type="checkbox"/>	F50.2	Bulimia Nervosa
<input type="checkbox"/>	F50.01	Anorexia Nervosa, restricting type	<input type="checkbox"/>	F50.8	Other eating disorder
<input type="checkbox"/>	F50.02	Anorexia Nervosa, binge eating/purging type	<input type="checkbox"/>	F50.9	Eating disorder, unspecified
<input type="checkbox"/>	E11.____	Type 2 Diabetes	<input type="checkbox"/>	F50.81	Binge Eating Disorder
<input type="checkbox"/>	E10.____	Type 1 Diabetes	<input type="checkbox"/>	E16.2	Hypoglycemia, unspecified
<input type="checkbox"/>	Z68.1	BMI 19 or less, adult	<input type="checkbox"/>	R73.03	Pre-diabetes
<input type="checkbox"/>	z71.3	Dietary counseling and surveillance	<input type="checkbox"/>	R63.4	Abnormal weight loss
<input type="checkbox"/>	E28.2	Polycystic ovarian syndrome	<input type="checkbox"/>	R63.5	Abnormal weight gain, not during pregnancy
<input type="checkbox"/>	K90.0	Celiac Disease	<input type="checkbox"/>	E66.811	Obesity, class 1 (BMI 30.0-34.9)
<input type="checkbox"/>			<input type="checkbox"/>	E66.812	Obesity, class 2 (BMI 35.0-39.9)
<input type="checkbox"/>			<input type="checkbox"/>	E66.813	Obesity, class 3 (BMI 40.0 or greater)

*In network: BCBS, United, Cigna, Aetna, Tricare Certified providers. Not currently accepting Medicare/Medicaid at this time.*