



**CLEARCREEK**

*nutrition and wellness co*

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In network with:  
Anthem BCBS, Cigna,  
Medical Mutual

Instructions: Complete this form and fax to 833.291.4244. We will contact the patient to schedule an appointment or the patient can contact us directly at 937-371-3450 to schedule. We will notify you of the scheduled appointment. Please call with questions or to coordinate care.

**MEDICAL NUTRITION THERAPY (MNT) REFERRAL FORM**

**PLEASE FAX TO: 833.291.4244**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Reason for MNT Referral:

Note: Please send pertinent labs, H&P, and other supporting documents

**Common MNT Diagnosis Codes (ICD-10)**

(ICD-10 codes are for your convenience, please alter/change as needed & check all that apply below.)

- |  |        |  |        |
|--|--------|--|--------|
| <input type="checkbox"/> Abnormal weight gain                            | R63.5  | <input type="checkbox"/> Gastritis                       | K29.70 |
| <input type="checkbox"/> Abnormal loss of weight                         | R63.4  | <input type="checkbox"/> Gastroesophageal Reflux Disease | K21.0  |
| <input type="checkbox"/> Allergy to food                                 | T78.1  | <input type="checkbox"/> Hypercholesterolemia            | E78.0  |
| <input type="checkbox"/> Anemia (D64.9)                                  | D50.9  | <input type="checkbox"/> Hyperlipidemia                  | E78.5  |
| <input type="checkbox"/> Anemia, Iron Deficiency                         | F50.01 | <input type="checkbox"/> Hypertensive Disorder           | I10    |
| <input type="checkbox"/> Anorexia Nervosa, restricting type              | F50.02 | <input type="checkbox"/> Hypoglycemia                    | E16.2  |
| <input type="checkbox"/> Anorexia Nervosa, binge eating/<br>purging type | F50.02 | <input type="checkbox"/> Intolerance to food             | K90.49 |
| <input type="checkbox"/> Bulimia Nervosa                                 | F50.02 | <input type="checkbox"/> Irritable Bowel Syndrome        | K58.9  |
| <input type="checkbox"/> Binge Eating Disorder                           | F50.8  | <input type="checkbox"/> Malnutrition of mild degree     | E44.1  |
| <input type="checkbox"/> Eating Disorder, unspecified                    | F50.9  | <input type="checkbox"/> Malnutrition of moderate degree | E44.0  |
| <input type="checkbox"/> Disorder of cardiovascular system               | R94.3  | <input type="checkbox"/> Overweight                      | E66.3  |
| <input type="checkbox"/> Celiac Disease                                  | K90.0  | <input type="checkbox"/> Obese                           | E66.9  |
| <input type="checkbox"/> Colitis   | K52.9  | <input type="checkbox"/> Morbid Obesity                  | E66.01 |
| <input type="checkbox"/> Constipation                                    | K59.00 | <input type="checkbox"/> Polycystic Ovarian Syndrome     | E28.2  |
| <input type="checkbox"/> Diabetes, Type II                               | E11.9  | <input type="checkbox"/> Underweight                     | R63.6  |
| <input type="checkbox"/> Other abnormal glucose                          | R73.09 | <input type="checkbox"/> Other:                          |        |
|  |        | <input type="checkbox"/> Other:                          |        |

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Group/Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_