



Lifestyle Medicine Group

**1**

## Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M /  F  
 Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Health Plan: \_\_\_\_\_ Health Plan ID: \_\_\_\_\_

**2**

## PLEASE ATTACH:

- A COPY (FRONT AND BACK) OF INSURANCE CARD
- SUPPORTING LAB DATA (A1c, fasting glucose, LDL, HDL, e-GFR)

**\*REQUIRED**

Order:  Medical Nutrition Therapy (MNT);  Diabetes Prevention Program;  Full Plate Program  
 Complete Health Improvement Program (CHIP). By a Registered Dietitian Nutritionist

**3**

## Diagnosis (Mark the Primary Diagnosis')

Check	ICD 10 Code	Description	Check	ICD 10 Code	Description
<input type="checkbox"/>	R73.01	Impaired fasting glucose	<input type="checkbox"/>	E6601	Morbid (severe) obesity
<input type="checkbox"/>	R73.02	Impaired glucose tolerance (oral)	<input type="checkbox"/>	I10	Essential (primary) hypertension
<input type="checkbox"/>	R73.09	Other abnormal glucose	<input type="checkbox"/>	I129	Hypertensive renal disease, unspecified
<input type="checkbox"/>	E119	Diabetes II/unspecified	<input type="checkbox"/>	I2510	Coronary atherosclerosis
<input type="checkbox"/>	E162	Hypoglycemia, unspecified	<input type="checkbox"/>	N189	Chronic renal failure
<input type="checkbox"/>	E780	Pure hypercholesterolemia	<input type="checkbox"/>	Z6830 - Z6845	BMI > 30, Patient's BMI _____
<input type="checkbox"/>	E785	Hyperlipidemia, unspecified	<b>Other Relevant ICD-10 Codes</b>		
<input type="checkbox"/>	E782	Mixed hyperlipidemia	<input type="checkbox"/>		
<input type="checkbox"/>	E8881	Metabolic syndrome	<input type="checkbox"/>		
<input type="checkbox"/>	E669	Obesity, unspecified	<input type="checkbox"/>		

Physical Activity Restrictions? YES [ ] NO [ ]; If Yes, limit to:

**4**

## Physician Information:

Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_