

Emily Murray MS, RD, LDN
Nutritionist / Registered Dietitian
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Nutrition Therapy Referral

I am referring: _____
Name of Patient

to Emily Murray, MS, RD, LDN for necessary Medical Nutrition Therapy:

- | | | | |
|---------------------------------|------------------------------|--------|---|
| <input type="checkbox"/> 783.1 | Abnormal Weight Gain | 579.0 | <input type="checkbox"/> Gluten Sensitive Enteropathy |
| <input type="checkbox"/> 783.2 | Abnormal Weight Loss | 274.9 | <input type="checkbox"/> Gout |
| <input type="checkbox"/> 626.0 | Amenorrhea | 272.0 | <input type="checkbox"/> Hypercholesterolemia |
| <input type="checkbox"/> 280.9 | Anemia (Fe Deficiency) | 790.6 | <input type="checkbox"/> Hyperglycemia |
| <input type="checkbox"/> 285.9 | Anemia, Unspecified | 272.2 | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> 307.1 | Anorexia Nervosa | 401.9 | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> 307.51 | Bulimia Nervosa | 272.1 | <input type="checkbox"/> Hypertriglyceridemia |
| <input type="checkbox"/> 564.0 | Constipation | 244.9 | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> 276.5 | Dehydration | 646.8 | <input type="checkbox"/> Insufficient Weight Gain |
| <input type="checkbox"/> 250.01 | Diabetes Mellitus, Type I | 564.1 | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> 250.00 | Diabetes Mellitus, Type II | 271.3 | <input type="checkbox"/> Lactose Intolerance |
| <input type="checkbox"/> 799.9 | Diagnosis Deferred | 278.0 | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> 564.5 | Diarrhea | 278.02 | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> 562.11 | Diverticulitis | 733.0 | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> 562.10 | Diverticulosis | 533.0 | <input type="checkbox"/> Peptic Ulcer Disease |
| <input type="checkbox"/> 307.5 | Eating Disorder, Unspecified | 270.1 | <input type="checkbox"/> PKU |
| <input type="checkbox"/> 646.1 | Excess Weight Gain Pregnancy | V22.2 | <input type="checkbox"/> Pregnancy, Normal |
| <input type="checkbox"/> 783.41 | Failure to Thrive | 263.9 | <input type="checkbox"/> Protein Calorie Malnutrition |
| <input type="checkbox"/> 693.1 | Food Allergies | 780.5 | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> 530.81 | Gastroesophageal Reflux | 556.9 | <input type="checkbox"/> Ulcerative Colitis |
| <input type="checkbox"/> 648.8 | Gestational Diabetes | 269.2 | <input type="checkbox"/> Vitamin Deficiency |
- Other Diagnosis/ICD-9-CM Code:** _____

Any specific Diet/Nutrition Prescription:

Any special instruction or relevant data:

This patient was referred for nutritional assessment and medical nutrition therapy to aid in the management of the above-indicated disease/illness.

Physician Name: _____ Phone: _____

Signature: _____ Date: _____

Physician's Office Address: _____

Please fax to (610) 293-2231