UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

DIGESTIVE HEALTH CENTER

To schedule an appointment, please FAX to our office:
(1) Completed MD Referral
(2) Relevant Clinical Information to include labs, H&P, weight, recent office visit note and medications.

FAX: (410) 553-8180

Digestive Health Center
Outpatient Nutrition Services Referral Form

305 Hospital Drive, Suite 304
Glen Burnie, Maryland 21061

Our staff will call to schedule appointments or patients may contact the office directly by calling (410) 553-8146.

Patient Information:

Patient Name:_____ DOB:_____

Telephone #:_____

Patient Insurance Coverage:_____

Assessment Data:

Ht:_____ Wt:_____ BMI:_____

Diabetes- Fasting Glucose:_____ HgAlc:_____

Renal- Glomerular Filtration Rate:_____ OR Serum Creatinine:_____

Cardiac- Total Cholesterol:_____ HDL:_____ LDL:_____ Triglycerides:_____

Other Relevant Labs/Comments:_____

Exercise/Activity Plan **(circle one)**: **RELEASED** - May walk 20-30 minutes 5-7 times a week or **NOT RELEASED**

Medical Diagnosis:

A physician order for medical nutrition therapy is required before scheduling an appointment. Please check **ALL** applicable diagnosis. Please write in any additional diagnosis.

- ☐ E66.9-Obesity, unspecific
- ☐ E66.01-Morbid obesity
- ☐ E66.3-Overweight
- ☐ R63.4-Abnormal weight loss/gain
- ☐ E66.1-Drug induced obesity
- ☐ R63.6-Underweight
- ☐ Z68.1-BMI 19 or less, adult
- ☐ E11.65-Type 2 Diabetes Mellitus
- ☐ E10.65-Type 1 Diabetes Mellitus
- ☐ R73.09-Other abnormal fasting glucose
- ☐ R11.2-Nausea with vomiting
- ☐ Other:_____
- ☐ I10-Essential(prim) hypertension
- ☐ Z271.3-Dietary surveillance/counseling
- ☐ E78.0-Pure hypercholesterolemia
- ☐ E78.5-Hyperlipidemia, unspecified
- ☐ K59.5-Functional diarrhea
- ☐ K59-Constipation
- ☐ E43-Unspecified severe protein-calorie malnutrition
- ☐ E44.0-Moderate protein calorie malnutrition
- ☐ E44.1-Mild protein calorie malnutrition
- ☐ K91.89-Other post procedural complications and disorders of digestive system
- ☐ Other:_____
- ☐ R11.0-Nausea
- ☐ R13.10-Dysphagia
- ☐ K21.0-Gastro-esophageal reflux
- ☐ K94.00-Colostomy complication
- ☐ K94.10-Enterostomy complication
- ☐ B37.0-Candidal stomatitis
- ☐ K12.31-Oral mucositis due to antineoplastic therapy
- ☐ K12.33-Oral mucositis due to radiation
- ☐ K52.0-Gastroenteritis and colitis due to radiation
- ☐ Other:_____

Physician Information:

I have referred the above patient to the UM BWMC Outpatient Nutrition Services for Medical Nutrition Therapy and Nutritional Counseling for the medical diagnoses check above.

Physician Name:_____ Physician UPIN:_____

Office Address:_____

Office Phone Number:_____ Office Fax Number:_____

Physician Signature:_____ Date:_____