

CKD Diet Counseling (Medical Nutrition Therapy) Referral Form

NAME Allen L. Blake DATE OF BIRTH 06 | 30 | 1976 MEDICAL RECORD # (IF APPLICABLE) 23456

REASON FOR REFERRAL *Medical nutrition therapy for chronic kidney disease. Specific concerns or questions:*

Uncontrolled type 2 diabetes and albuminuria

CKD DIAGNOSTIC CODE 585.9 OTHER DIAGNOSTIC CODE(S) 250.42

BLOOD PRESSURE 140/83 WEIGHT 241# HEIGHT 68"

RECENT WEIGHT CHANGE? YES NO 5# AMOUNT GAIN LOSS

FOR DIABETICS YEAR OF DIAGNOSIS 2009 A1C 10.4 MONTH/YEAR 08 | 2012

LABORATORY ASSESSMENT *(most recent values)*

ALBUMINURIA NOT PRESENT IF PRESENT, SINCE MONTH/YEAR 12 | 2009

UACR (*Urine Albumin-to-Creatinine Ratio*) 3,894 MONTH/YEAR 08 | 2012

CREATININE 1.2 eGFR (*Estimated Glomerular Filtration Rate*) > 60 MONTH/YEAR 08 | 2012

calculate eGFR

K 4.2 HCO₃ 25.7 BUN 19 Ca 9.2 Phos 4.0 Hgb _____

LDL 72 HDL 40 TG 233 IPTH _____ Vit D _____ Alb 3.0

CURRENT MEDICATIONS *(or attach list)*

Glyburide 5 mg/metformin 500 mg 2 tablets twice a day with meals, fosinopril 10 mg daily, baby aspirin, lovastatin 20 mg daily in the evening, rantidiane 150 mg twice a day

KNOWLEDGE DOES THE PATIENT KNOW HE/SHE HAS KIDNEY DISEASE? YES NO DON'T KNOW
DOES THE PATIENT KNOW THE SEVERITY? YES NO DON'T KNOW
IS THE PATIENT AWARE THAT HE/SHE MAY NEED DIALYSIS? YES NO DON'T KNOW
PREVIOUS DIET COUNSELING FOR CKD? YES NO DON'T KNOW

ADDITIONAL INFORMATION

Missed 3 appointments for diabetes self-management education, doesn't monitor glucose level. Left foot ulcer is healing. Smokes a pack of cigarettes a day.

ORDER: Initial MNT and follow-up
 Extension with medical justification
 Diagnosis change
 Change in medical condition
 Annual renewal

REFERRED BY _____ NPI # _____

SIGNATURE _____ DATE _____

PHONE _____ FAX _____ EMAIL _____