

## CKD Diet Counseling (Medical Nutrition Therapy) Referral Form

NAME Millie Jones DATE OF BIRTH 04 | 14 | 1933 MEDICAL RECORD # (IF APPLICABLE) 98765

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

Dyslipidemia, discontinued statin last September due to muscles aches. Starting ezetimibe 10 milligrams(mg).

CKD DIAGNOSTIC CODE 585.4 OTHER DIAGNOSTIC CODE(S) 250.00

BLOOD PRESSURE 130/80 WEIGHT 125 # HEIGHT 60 "

RECENT WEIGHT CHANGE?  YES  NO AMOUNT  GAIN  LOSS

FOR DIABETICS YEAR OF DIAGNOSIS 1982 A1C 6.7 MONTH/YEAR 02 | 2012

LABORATORY ASSESSMENT *(most recent values)*

ALBUMINURIA  NOT PRESENT  IF PRESENT, SINCE MONTH/YEAR       |      

UACR *(Urine Albumin-to-Creatinine Ratio)* 18.7 MONTH/YEAR 02 | 2012

CREATININE 2.1 eGFR *(Estimated Glomerular Filtration Rate)* 23 MONTH/YEAR 02 | 2012

*calculate eGFR*

K 4.0 HCO<sub>3</sub> 26.4 BUN 32 Ca 9.2 Phos 4.0 Hgb 12.1

LDL 185 HDL 39 TG 176 iPTH 165 Vit D 72 Alb 4.0

CURRENT MEDICATIONS *(or attach list)*

Losartan 20 mg daily, furosemide 40 mg daily, baby aspirin, ferrous sulfate 325 mg twice a day, levothyroxine 25 micrograms daily, ergocalciferol 50,000 I.U. weekly, calcium carbonate 1,000 mg daily

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

Diet controlled type 2 diabetes. Treated for urinary tract infection last August, labs back to baseline. Sees nephrologist every 3 months.

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 \_\_\_\_\_