Food Connection Nutrition, LLC
Michael Kortschak, MCN, RDN, LD
Phone: 512-270-8741 Fax: 833-918-0159

REFERRAL FOR MEDICAL NUTRITION THERAPY (MNT)

Date:	Patient Name:
DOB:	Home address:
Phone:	Medical Record Number:

Above is referred for medical nutrition therapy as a necessary part of medical treatment and prevention of complications for diagnosis listed:

Requested Service: ☐ Initial MNT ☐ Follow-up MNT ____ Hours of MNT Requested

Special Needs: ☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

Diagnosis

- ☐ Overweight (wt____ht_____BMI____)
- ☐ Underweight (wt____ht____BMI____)
- ☐ Anemia (Hgb/Hct_____)
- ☐ HTN (BP_____)
- ☐ High Cholesterol (TC_____LDL_____HDL____TG_____)
- ☐ Diabetes Mellitus, type 2 (BG_____A1c_____)
- ☐ Allergies/intolerances
- ☐ Nutrient deficiency (iron____, calcium____)
- ☐ Gastrointestinal (vomiting____, constipation____, diarrhea____)
- ☐ Diet concerns/questions
- ☐ Other (specify):_____

○ *Lab Work: (Please complete or attach)* Most recent Blood Pressure: _____/_____, Wt: _____, Ht: _____

Hgb/ Hct	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

○ *Medications* – Please attach list including dosages

REQUIRED

Medical Diagnosis: _____ ICD 10 code(s): _____

Physician Signature: _____ Physician NPI #: _____

MD/DO Printed: _____ Phone & Fax: _____

Medical Nutrition Therapy
Referral Process

Thank you for making a Medical Nutrition Therapy (MNT) referral to Food Connection Nutrition, LLC. Your patients are very important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process efficient and effective.
The following are ***required*** for the referral:

1. Complete an MNT form. Please ensure the following are included on the form:

   -medical diagnosis
   -ICD 10 diagnosis code(s)
   -physician's signature and NPI number

2. Fax the referral to Food Connection Nutrition, LLC at **1-833-918-0159**. Fax number is also provided on the referral form. Food Connection Nutrition, LLC is HIPAA compliant, and referrals are received via a secure e-fax.

3. Have your office or the patient call to schedule an appointment: 512-270-8741.

- Food Connection Nutrition, LLC will send a follow-up report within 30 days of the referral to inform the patient of the status of their referral.
- A report of the MNT appointment will be faxed to the referring physician and will note any scheduled follow-up visits.
- If unable to reach the patient after 3 attempts by phone/letter or the patient declines services, Food Connection Nutrition, LLC will notify the referring physician via fax to complete the referral process. The clinician may refer the patient again as needed.
- If the patient misses a scheduled appointment, Food Connection Nutrition, LLC will attempt to reschedule. The referring physician will be notified when a patient misses two, consecutive appointments and request they refer the patient again as needed.

If you have questions or concerns regarding this process, please contact:

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