



Outpatient Nutrition Paper Referral Form
(To be completed by referring physicians without Epic access)

Fax form to Patient Access Services – 212.774.2242
Patient Access Services phone for confirmation – 212.774.2305

Patient Responsibilities
<ol style="list-style-type: none"> 1. Contact your insurance provider to determine coverage for nutrition counseling 2. Contact your physician to complete this form and fax to Patient Access Services 3. Patient Access will call you to schedule your appointment with the nutritionist 4. Call Patient Access Services with any questions or need to change your appointment

Referring Clinic/Office: _____ Date of Referral: _____
 Patient Name: _____ Date of Birth: _____
 Patient Phone #: _____ MRN : _____
 Insurance: _____
 Height: _____ Weight: _____
 Pertinent Medications: _____

A DIAGNOSIS CODE IS REQUIRED BEFORE SCHEDULING ANY PATIENT APPOINTMENTS
ICD-10 codes REQUIRED

REASON FOR REFERRAL: _____

Diagnosis(es): _____

ICD-10 Code(s): _____

Physician Information:

**By completing the below information I certify that I have referred the above patient for outpatient nutrition counseling*

Physician Full Name (REQUIRED): _____

Phone: _____

Physician NPI# (REQUIRED): _____ Physician HSS ID# (if applicable): _____

Date: _____