



HOSPITAL FOR SPECIAL SURGERY
Women's Sports Medicine
Outpatient Nutrition Counseling Referral
(To Be Completed by referring physician)

Physicians may submit form by email to Heidi Skolnik at skolnikh@hss.edu or fax to 212-327-1417

Table with 1 column and 1 row: PATIENT RESPONSIBILITIES
- Contact your insurance provider to determine coverage for nutrition counseling
- Call (212) 606-1345 to schedule your nutrition appointment
- Bring completed form to your appointment

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

PLEASE email or fax most recent and relevant clinical information, physician notes, prior medical history and relevant labs to Heidi Skolnik at skolnikh@hss.edu or FAX to 212-327-1417.

A DIAGNOSIS CODE IS REQUIRED BEFORE SCHEDULING ANY PATIENT APPOINTMENTS
Both ICD-9 and ICD-10 codes REQUIRED

REASON FOR REFERRAL: _____
Diagnosis(es): _____
ICD-9 Code(s): _____
ICD-10 Code(s): _____

Physician Information:
I have referred the above patient for outpatient nutrition counseling:
Physician's FULL Name Required
Physician Name: _____ Phone: _____
Physician HSS ID#: _____
Physician Signature (REQUIRED): _____
Date: _____