



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

PATIENT RESPONSIBILITIES
<ul style="list-style-type: none"> • 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: _____