

HOSPITAL FOR SPECIAL SURGERY
Outpatient Nutrition Counseling Referral
(To Be Completed by referring physician)

Submit form by email to nutritionreferrals@hss.edu

PATIENT RESPONSIBILITIES
<ul style="list-style-type: none">• Contact your insurance provider to determine coverage for nutrition counseling• Call (212) 774-7638 to schedule your nutrition appointment• Bring completed form to your appointment

Referring Clinic/Office: _____

Date of Referral: _____

Patient Name: _____

Date of Birth: _____

Phone #: _____

MRN : _____

Insurance: _____

Height: _____

Weight: _____

Pertinent Medications: _____

PLEASE SEND ELECTRONICALLY most recent and relevant clinical information, physician notes, prior medical history and relevant labs to the Nutrition Department at nutritionreferrals@hss.edu.

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:

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

Physician Full Name (REQUIRED): _____

Phone: _____

Physician HSS ID#: _____

Date: _____