



KANSAS CITY NUTRITION SERVICES REFERRAL FORM

PLEASE FAX COMPLETED REFERRAL to #816-524-5243

PATIENT DATA Referral Date: _____

Name: _____

Sex: M F DOB: _____

Phone: _____

Insurance plan: _____

ID#: _____ Pre-auth. attached: Yes No

Pt. allowed to exercise: Yes No

Special Needs

Vision limitation Hearing limitation

Language limitation Additional insulin training

Physical /mental challenges Exercise limitations

PHYSICIAN DATA

Physician: _____

Phone: _____

Fax: _____

Physician NPI: _____

Signature: _____

DIAGNOSIS (reason for referral) Check all that apply for reimbursement and medical necessity.

	ICD-9	ENDOCRINE		ICD-9	GASTROINTESTINAL
	250.01	Type 1 diabetes		579.0	Celiac
	250.03	Type 1 diabetes, uncontrolled		556.9	Colitis, ulcerative, unspecified
	250.00	Type 2 diabetes		564.0	Constipation
	250.02	Type 2 diabetes, uncontrolled		555.9	Crohn's disease
	648.83	Gestational diabetes mellitus		562.10, 562.11	Diverticulosis, diverticulitis
				531.8	GERD
	ICD-9	WEIGHT AND OTHER			
	278.00	Obesity, unspecified (BMI: 30-39.9)			
	278.01	Obesity, morbid (BMI: ≥ 40)			
	278.02	Overweight (BMI: 25-29.9)		ICD-9	BARIATRIC
				263.9	LAGB post-op weight loss
				783.1	RYGB post-op abnormal weight gain
	ICD-9	CARDIOVASCULAR		579.30	RYGB post-op non absorption
	401.1	Hypertension, essential, benign			
	272.0	Hypercholesterolemia			
	272.1	Hypertriglyceridemia			
	277.7	Syndrome X, dysmetabolic			

SERVICES TO BE PERFORMED

- Initial Medical Nutrition Therapy (MNT) Weight Loss Program: Nutrition Behavior Change
 Follow-Up Medical Nutrition Therapy Supermarket Tours for Disease Management (label reading / shopping tips)
 Blood Glucose Monitoring & Meter Instruction Insulin Start
 Initial Diabetes Self-Management Education/Training Insulin Adjustment
 Follow-up Diabetes Self-Management Education/Training Insulin Pump Training
 Initial Pre-Diabetes Nutrition Education / MNT Insulin Pump Management
 Follow-up Pre-Diabetes Nutrition Education / MNT CGM (Continuous Glucose Monitoring)
 Bariatric / Weight Loss Surgery MNT OTHER: _____

CURRENT MEDICATIONS

- None Insulin type and dose _____
 Oral agents type and dose _____

PLEASE FAX CURRENT LABS TO: 816-524-5243

(Include FBS, Lipid Profile, Creatine, A1C, Micro/Creatinine Ratio, AST, ALT, TSH and Weight)

BELTON

1307 East North Avenue
Belton, Missouri

BLUE SPRINGS

625 W. U.S. Highway 40
Blue Springs, Missouri

GLADSTONE

7117 North Prospect Avenue
Gladstone, Missouri

INDEPENDENCE #1

1525 East 23rd Street South
Independence, Missouri

INDEPENDENCE #2

Noland Road Hy-Vee
4545 South Noland Road
Independence, Missouri

KANSAS CITY #1

Barry Road Hy-Vee
8301 N St. Clair Avenue
Kansas City, Missouri

KANSAS CITY #2

Englewood Hy-Vee
207 Northeast Englewood Road
Kansas City, Missouri

KANSAS CITY #3

5330 NW 64th Street
Kansas City, Missouri

LAWRENCE #1

3504 Clinton Parkway
Lawrence, Kansas

LAWRENCE #2

6th Street Hy-Vee
4000 West Sixth Street
Lawrence, Kansas

LEAWOOD

12200 State Line Road
Leawood, Kansas

LEE'S SUMMIT #1

Langsford Landing Hy-Vee
301 NE Rice Road
Lee's Summit, Missouri

LEE'S SUMMIT #2

Lee's Summit West Hy-Vee
310 SW Ward Road
Lee's Summit, Missouri

LENEXA

13400 W 87th St
Lenexa, Kansas

LIBERTY

109 North Blue Jay Drive
Liberty, Missouri

MANHATTAN

601 Third Place
Manhattan, Kansas

MISSION

6655 Martway Street
Mission, Kansas

OLATHE #1

16100 West 135th Street
Olathe, Kansas

OLATHE #2

Ridgeview
18101 West 119th Street
Olathe, Kansas

OVERLAND PARK #1

95th Street Hy-Vee
8501 West 95th Street
Overland Park, Kansas

OVERLAND PARK #2

Hy-Vee at 135th & Antioch
8900 West 135th Street
Overland Park, Kansas

PRAIRIE VILLAGE

7620 State Line Road
Prairie Village, Kansas

RAYTOWN

9400 E. 350 Highway
Raytown, Missouri

SHAWNEE

13550 West 63rd Street
Shawnee, Kansas

ST. JOSEPH

201 North Belt Highway
St. Joseph, Missouri

TOPEKA

2951 SW Wanamaker Road
Topeka, Kansas