

Naipo Nutrition LLC.

Therapist Referral Form

Please provide the requested information below and fax to 215-8794. If filling out electronically, please submit to HIPAA secure portal using clients information: first and last name, phone number, and email address.

Your patient will be contacted within 3 business days to schedule. Individuals needing support for an eating disorder will require referral from both PCP and Therapy for visits. Please contact Ke'alohe at 808-783-2679 with questions or concerns.

** The information requested above is Protected Health Information (PHI) and is the minimum necessary to execute the delivery of patient services. Please understand as a link in the "Chain of Trust," all PHI will remain confidential as mandated by the Treatment, Payments and Healthcare Operation Laws mandated by HIPAA*

Client Information

Legal first name	Last name	
<input type="text"/>	<input type="text"/>	
Preferred first name		
<input type="text"/>		
Middle name		
<input type="text"/>		
Street	Unit	
<input type="text"/>	<input type="text"/>	
City	State/Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	Mobile phone	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	
<input type="text"/>	<input type="text"/>	

Health Insurance

Primary Insurance

ID number

- CPT codes**
- S9470 Nutrition Counseling (HMSA/BCBS clients only)
 - 97802 Medical Nutrition Therapy

ICD-10

Check all diagnoses that apply to this referral

- F50.00 Anorexia nervosa, unspecified
- F50.01 Anorexia nervosa, restricting type
- F50.02 Anorexia nervosa, binge eating/purging type
- F50.2 Bulimia nervosa
- F50.81 Binge eating disorder
- F50.89 Other specified eating disorder
- Other

If "Other", please specify

Client is currently engaging in eating disorder behaviors including:

Check all that apply

- calorie restriction
- purging via vomiting
- purging via laxatives
- purging via exercise
- over-exercise
- ruminating
- binge eating
- body checking
- client with denial about seriousness of behaviors
- client experiences dissatisfaction with body image
- chewing and spitting food
- obsessive thoughts about food and body
- fear of eating
- food rules
- fear of weight gain
- engaging in self harm behaviors
- Other

If "Other", please specify

Other

Please provide any additional information about current eating disorder behavior

[Redacted area]

