

Naipo Nutrition LLC.

Primary Care Provider 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"/>	
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

If patient is primary insurance holder, leave as "myself"

Policy Holder	Legal first name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	Phone number
<input type="text"/>	<input type="text"/>

Gender
<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"/>

Insurance Company	Payer Id	Coverage Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Id	Plan Id	Group Id
<input type="text"/>	<input type="text"/>	<input type="text"/>

Copay	Deductible
<input type="text"/>	<input type="text"/>

CPT codes

- S9470 Nutrition Counseling (HMSA only)
- 97802 Medical Nutrition Therapy, Initial Assessment
- 97803 Medical Nutrition Therapy, Follow up

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
- Z71.3 Nutrition surveillance
- E66.09 Obesity
- E10. Type 1 Diabetes
- E11 Type 2 Diabetes
- E78.5 Hyperlipidemia
- I10 Essential (primary) hypertension
- E43 Unspecified severe protein calorie malnutrition
- Other

If "Other", please specify

Other

Please provide any additional ICD-10 related to this order

Provider Information

Additional Information

Please fax additional paperwork to: 215-8794

- Most recent lab work
- Most recent physician note
- Pertinent medications
- Other

If "Other", please specify

Exercise Restrictions

Yes No

Provider Information

Title	Legal first name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work phone	Mobile phone	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Title/Occupation

Provider NPI

Provider Signature

Above is referred for *medical nutrition therapy* or *nutrition counseling* as a necessary part of treatment and prevention of complications for diagnosis listed

X

Print name:

Date: