ORTHOPEDIC HOSPITAL EDUCATION REFERRAL

2727 SOUTH PENNSYLVANIA AVE, LANSING, MICHIGAN 48910
PHONE (517) 975-2217 FAX (517) 975-2210

Please complete this form and fax to (517)975-2210. We will contact the patient to set up an appointment. The physician will receive a counseling services letter following the appointment	
Referral Date:	Appointment Date/Time:
Insurance:	**Date of Birth:**
Patient Name:	Sex: Male or Female
Address:	City/State/Zip Code:
Phone Number:	Alternate Number:
Physician:	
Physician Address:	
Physician Phone:	Physician Fax:
Patient Medications:	
Current Labs:	
Patient Height:	**Patient Weight:**

Patient Diagnosis: When necessary, please fill in specific ICD-10-CM code on the blank line

Weight-Related Diagnoses

- ☐ Z68.3___Obesity, adult
- ☐ Z68.4___Morbid Obesity, adult
- ☐ Z68.54__BMI, pediatric, ≥95th percentile for age
- ☐ E66.3___Overweight
- ☐ R63.4___Abnormal weight loss
- ☐ R63.5___Abnormal weight gain, not during pregnancy
- ☐ Z68.1___BMI 19 or less, adult
- ☐ O26.00__Excessive weight gain in pregnancy
- ☐ E66.01__Morbid (severe) obesity d/t excess kcal
- ☐ E66.9 ___Obesity, unspecified
- ☐ R63.6 ___Underweight
- ☐ E44 ______Protein Cal Malnutr Moderate/Mild degree
- ☐ _________ Other, please specify_______________

Endocrine, Nutritional and Metabolic Disorders

- ☐ E03.9 Hypothyroidism, unspecified
- ☐ E16.2 Hypoglycemia, unspecified
- ☐ E78.0 Pure hypercholesterolemia
- ☐ E78.1 Pure hyperglyceridemia
- ☐ E78.2 Mixed hyperlipidemia
- ☐ E78.5 Hyperlipidemia, unspecified
- ☐ E66.0 Polycystic ovarian syndrome
- ☐ E88.81 Metabolic Syndrome
- ☐ R73.9 Hyperglycemia
- ☐ R73.01 Impaired Fasting Glucose
- ☐ N18 CKD
- ☐ _____ Other, please specify_______________

Diseases of the Digestive System

- ☐ K21.9 GERD without esophagitis
- ☐ K50.9 Crohn' disease, unspecified
- ☐ K51 Ulcerative colitis
- ☐ K58 Irritable bowel syndrome
- ☐ K59 Constipation
- ☐ K90.0 Celiac Disease
- ☐ _____ Other, please specify_______________
- ☐ _____ Other, please specify_______________

Miscellaneous

- ☐ E46 Unspecified protein-calorie malnutrition
- ☐ F50.9 Eating disorder, unspecified
- ☐ G47.33 Obstructive sleep apnea
- ☐ I10 Essential (primary) hypertension
- ☐ R73.01 Impaired fasting glucose
- ☐ R73.02 Impaired glucose tolerance test (oral)
- ☐ Z71.3 Dietary counseling and surveillance
- ☐ M10.9 Gout
- ☐ _____ Other, please specify_______________

Physician Signature: Date: