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Referral Form

Patient name:

Patient Phone Number or Email:

Date of Birth:

Check all that apply, or supply your own in blank space below:

✓	ICD-10	ICD-10 description
	Z71.3	Dietary Counseling and Surveillance
	Z72.4	Inappropriate diet and eating behaviors
	F50.01	Anorexia nervosa (restricting type)
	F50.02	Anorexia nervosa (binge/purge type)
	F50.00	Anorexia nervosa (unspecified)
	F50.2	Bulimia nervosa
	F50.81	Binge Eating Disorder
	F50.82	Avoidant/restrictive food intake disorder
	F50.89	Other specified eating disorder (OSFED)
	F50.9	Eating disorder, unspecified
	E28.2	Polycystic ovarian syndrome
	O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
	Z98.84	Bariatric surgery status
	N91.2	Amenorrhea, unspecified
	E44.0	Moderate protein-calorie malnutrition
	R63.4	Abnormal weight loss
	K58.0	Irritable bowel syndrome with diarrhea
	K58.1	Irritable bowel syndrome with constipation

Provider name: _____

Phone: _____

Provider Signature: _____

Fax: _____