



Teamwork Nutrition and Consulting, LLC

Fax: 804-773-3552 | Phone: 804-665-4998 | Email: referrals@teamworknutrition.com

Website: www.teamworknutrition.com

Patient Information:

Full Name:	Click or tap here to enter text.
Date of Birth:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.
Email Address (optional):	Click or tap here to enter text.

Reason for Referral (check all that apply):

<input type="checkbox"/> Weight Management- Loss	<input type="checkbox"/> Weight Management- Gain
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol / Triglycerides
<input type="checkbox"/> Prediabetes / Diabetes	<input type="checkbox"/> Gastrointestinal Issues
<input type="checkbox"/> Sports / Performance Nutrition	<input type="checkbox"/> Other: Click or tap here to enter text.

Diagnosis with ICD-10 Code (required for MNT referrals):

Diagnosis(es):	Click or tap here to enter text.
ICD-10 Code(s):	Click or tap here to enter text.

Referral Type (choose one – for insurance and billing purposes):

<input type="checkbox"/> Preventive – No diagnosis required (e.g., general wellness, healthy eating, weight loss, sports nutrition). Typically billed under Z71.3 (Dietary counseling and surveillance).
<input type="checkbox"/> Medical Nutrition Therapy (MNT) – Requires medical diagnosis and ICD-10 code (e.g., diabetes, obesity, hypertension). Appropriate for chronic conditions requiring nutrition intervention.

Referring Provider Information:

Provider Name:	Click or tap here to enter text.
Practice / Clinic Name:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.
Provider NPI Number:	Click or tap here to enter text.
Provider Signature (typed, drawn, or image OK):	Click or tap here to enter text.
Date:	Click or tap to enter a date.

Submit: Fax to 804-773-3552 or email securely to referrals@teamworknutrition.com

Thank you for your referral.