



# Hawai'i Nutrition Hui

## REFERRAL FORM 2024

phone: (808) 645-4484

fax: (855) 670-0422

info@HawaiiNutritionHui.com

www.HawaiiNutritionHui.com

Mariah Ecker, RD | Nicole Sievers, RD, CDCES | Julia Solomon, RD | Teresa Quintero Lopez, RD

Name:	Date of Birth:
Email:	Phone:

*Above is referred for nutrition services as a necessary part of medical treatment and prevention of complications for diagnoses listed*

### Referral Needs:

- Nutrition Counseling (MNT) only - if a specific RD is requested, please write name here: \_\_\_\_\_
- Diabetes Self Management Education (DSME) - includes MNT AND comprehensive diabetes self mgmt education
- Insulin & Insulin Pump management - includes DSME/MNT AND working closely with referring provider to manage insulin and/or insulin pump settings and education

### Please provide ALL applicable ICD-10 codes:

- Diabetes ICD-10 \_\_\_\_\_  Other nutrition related dx(s) ICD-10 \_\_\_\_\_
- Cardiac Health (PLEASE CIRCLE ANY APPLICABLE) ICD-10: E78.00 E78.1 E78.2 I10 \*note E78.5 is not covered
- Overweight / Obesity (PLEASE CIRCLE ONE IF APPLICABLE) ICD-10: E66.8 E66.9 E66.01 E66.09 E66.1 E66.3

*\*Please note that insurance plans do not cover nutrition counseling for ICD-10 BMI Z-codes (ie. Z68.30, etc.)*

### Please include ALL of the following attachments:

- At least 2 recent office visit chart notes (incl last health management dept and/or endocrinology notes, if applicable)
- Most recent lab work (including last lipid panel, UACR, A1C, CBC, and CMP)  Medication list
- Insurance card copy front & back OR EPIC/EHR Facesheet which includes detailed insurance information

Referring Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Phone : \_\_\_\_\_

Fax: \_\_\_\_\_

**Fax referral form and attachments to (855) 670-0422**

Thank you for your referral! We will contact your patient within 1 business week.

Mariah Ecker, RD; Nicole Sievers, RD, CDCES; Julia Solomon, RD; and Teresa Quintero Lopez, RD are participants in the Hawai'i Nutrition Hui organized health care arrangement (OHCA). As part of Hawaii Nutrition Hui, the covered entities may share Protected Health Information (PHI) with each other as necessary to carry out any health care operations and activities of the OHCA. The information requested above is PHI, and is the minimum necessary to execute delivery of client 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.