CHI Health

P00010

FOOD AND NUTRITION

CERTIFICATE OF MEDICAL NECESSITY FOR OUTPATIENT MEDICAL NUTRITION THERAPY

☐ Bergan Mercy ☐ Mercy Council Bluffs ☐ Immanuel ☐ Lakeside ☐ Midlands

Comments

Name	DOB	Home/Cell Phone	Work Phone

Address	City	State	Zip + 4

Insurance	Age	Sex ☐ M ☐ F	Ht	Wt

Physician	Physician Phone	Physician Fax

Medical Nutrition Therapy (MNT)

☐ Initial MNT
☐ Annual followup MNT
☐ Additional MNT services in the same calendar year, per RD recommendations. Please specify change in diagnosis, medical condition, or treatment regimen.

Diagnosis if other than below

☐ Type I controlled/uncontrolled
☐ Type 2 controlled/uncontrolled
☐ Gestational Diabetes
☐ Pre Diabetes
☐ Obesity
☐ Underweight
☐ Hypertension
☐ Hyperlipidemia
☐ CKD III IV V
☐ IBS
☐ Celiac
☐ GERD
☐ Dysphagia
☐ Gastroparesis
☐ Liver Disease
☐ Food Allergy

Special Needs (check all that apply)

☐ Language ☐ Hearing ☐ Physical/Exercise Limitations
☐ Vision ☐ Cognitive Impairment

Other Notes

Recent Lab

FBS	AIC %	Cholesterol	Triglycerides	HDL

LDL	BUN	Creatinine	Micro-albumin	Potassium/Phosphorus

Physician Signature	Order Date	Expiration Date

Suggested expiration date six months from initial order date.

Please FAX to MAC for scheduling (402) 717-2220