



3724 Jefferson St. Suite 104
 Austin, TX 78731
 Office: (512) 693-7045
 Fax: (888) 423-9961

Date: _____ Patient's Name: _____

Date of Birth: _____ Phone # _____ Height: _____ Weight: _____ Gender: _____

Insurance: _____ Ins ID # _____ Group # _____

ICD-10	Endocrine, Nutritional and Metabolic	ICD-10	Cardiac and Circulatory Systems
E10.9	Type 1 Diabetes mellitus w/o complications	I10.0	Essential hypertension
E10.8	Type 1 diabetes w/unspecified complications	I11.0	Hypertensive heart disease w/heart failure
E10.65	Type 1 diabetes mellitus w/hyperglycemia	I11.9	Hypertensive heart disease w/o heart failure
E11.9	Type 2 diabetes mellitus w/o complications	I50.9	Heart failure, unspecified
E11.8	Type 2 diabetes w/unspecified complications	I50.20	Unspecified congestive heart failure
E11.2	Type 2 diabetes mellitus w/kidney complications		Digestive System
E11.64	Type 2 diabetes mellitus w/hypoglycemia	K81.1	Cholecystitis
024.410	Gestational diabetes, diet controlled	K50.919	Crohn's disease
E16.2	Hypoglycemia, unspecified	K57.90	Diverticulosis of colon
E78.5	Hyperlipidemia, unspecified	K58.0	Irritable bowel syndrome w/diarrhea
E66.3	Overweight	K58.9	Irritable bowel syndrome w/constipation
E66.9	Obesity, unspecified	K82.4	Gallbladder, unspecified
E66.01	Morbid obesity due to excess calories	K51.90	Ulcerative colitis
E28.2	Polycystic ovarian syndrome	K90.0	Celiac disease
Z71.3	Dietary surveillance and counseling	K90.41	Non-celiac gluten sensitivity
Z72.4	Inappropriate diet and eating habits	K29.2	Alcoholic Gastritis
R63.4	Abnormal weight loss	K29.5	Chronic Gastritis, Unspecified
F50.2	Bulimia	K52.2	Food Allergies
F50.00	Anorexia nervosa, unspecified		Genitourinary System
F50.01	Anorexia nervosa, restricting type	N18.2	Chronic kidney disease, stage 2
F50.02	Anorexia nervosa, binge eating/purging type	N18.3	Chronic kidney disease, stage 3
F50.81	Binge eating disorder	N18.4	Chronic kidney disease, stage 4
F50.9	Eating disorder, unspecified	N18.9	Chronic kidney disease, unspecified
F50.89	Other eating disorder		Other Diagnosis - Please List:
F45.22	Body dysmorphic disorder		

Physician's Name: _____ Phone # _____

_____ Fax # _____

Physician's Signature

Please fax to (888) 423-9961 or email to andrea@ilivewellnutrition.com. Please attached current notes and lab work