

Referrals are easy!

- Please include a copy of any chart notes, diagnosis codes, and recent labs with the referral form attached and fax it to us!
- We find that most individuals with HMO plans do well with 14+ visits every 6 months!
- We will reach out to the client to schedule, but please let them know we will be reaching out!

IN-Network

Blue Cross Blue Shield/Anthem, Humana, Medicare, Molina Health, United Healthcare, Sana, and Superior Health (Ambetter).

Clients can book direct through our online portal at www.chefcraftednutrition.com

We meet with clients through TELEHEALTH!

90% of our clients pay \$0 for our sessions!

Please reach out if you would like us to run any group programming.

NUTRITION SERVICES PHYSICIAN ORDER

Please include most recent labs and document of medical condition, if possible.
The patient listed below is referred for medical nutrition therapy as necessary as
part of medication treatment and prevention of complications for diagnoses
listed below.

Patient Name: _____ DOB: _____

Patient Email: _____ Patient Phone: _____

ICD-10 Code(s): _____

Medical Diagnosis (please mark):

- | | |
|--|---|
| <input type="checkbox"/> Type 1 Diabetes | <input type="checkbox"/> Metabolic Syndrome |
| <input type="checkbox"/> Type 2 Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Impaired Fasting Glucose | <input type="checkbox"/> Hypercholesterolemia |
| <input type="checkbox"/> Overweight (BMI 25-29.9) | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Obese BMI (30-34.9) | <input type="checkbox"/> Chron's Disease |
| <input type="checkbox"/> Obese BMI (35-39.9) | <input type="checkbox"/> IBS-C |
| <input type="checkbox"/> Obese (BMI >40) | <input type="checkbox"/> IBS-D |
| <input type="checkbox"/> Underweight (BMI < 18.9) | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> GERD | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> PCOS | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> CKD Stage ____ |
| <input type="checkbox"/> Pregnancy (low wt gain) | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Pregnancy (high wt gain) | <input type="checkbox"/> Buliemia |
| <input type="checkbox"/> Pediatric BMI (<5%ile) | <input type="checkbox"/> Other Eating Disorder |
| <input type="checkbox"/> Pediatric BMI (>85th%ile) | <input type="checkbox"/> Eating Disorder, unspecified |

Referral Number:
Start/End Date
Days/Units

Other DX (Please List) _____

Physician Name
& Signature: _____

Office Phone & Fax: (O) _____ / (F) _____

Physician NPI: _____

support@chefcraftednutrition.com
713.588.6222 (Houston Area)
210.201.4442 (Central Texas)
1.855.731.1379 Fax

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ADVANTAGES OF REFERRING TO A DIETITIAN

Patient Benefits:

- Improvements and support for the root cause of diseases
- Reduce long-term risk factors
- Educate and continued support
- Goal Setting & Accountability
- Evaluate, measure and address challenges for success
- Individualized behavior and lifestyle changes
- Personalized Meal Planning
- Metabolic/Microbiome/Food Sensitivity Testing
- Major Insurance Companies Accepted - many clients pay nothing!
- Morning, daytime, evening and weekend hours are available and we're 100% virtual!

What Can We Offer Your Medical Practice

- On Site Classes (or Virtual)
- Documentation and progress notes on referred clients
- Resource for ongoing care
- Early intervention for those at risk for diabetes, heart disease, metabolic disease, and more
- Diet based interventions for challenging patient
- Enhances patient care & outcomes with no expense or time from your team