

**GI: NUTRITION & WELLNESS REFERRAL**

Patient's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_ Email: \_\_\_\_\_

Patient's Phone#: \_\_\_\_\_ Alternative Phone#: \_\_\_\_\_

**Appointment Preference:**  In-Person  Virtual Visit

**InBody Scan:**  Referral  Completed (Please send results)

**REFERRAL FOR:**

MNT (Medical Nutrition Therapy) - Evaluate & treat per Dietitian discretion

Physical Therapy - Evaluate & treat per Therapist discretion

*\*Check both boxes above if referring for Wellness program.*

**Diagnosis: Check all diagnoses that apply to this referral or add your own:**

	ICD - 10	ICD - 10 Description
<input type="checkbox"/>	Z68.____	BMI:____
<input type="checkbox"/>	Z71.3	Dietary Counseling and Surveillance
<input type="checkbox"/>	E11.9	Type 2 Diabetes Mellitus w/ other specified complications
<input type="checkbox"/>	E46	Malnutrition
<input type="checkbox"/>	E66.0	Obese due to excess calories
<input type="checkbox"/>	E66.8	Obesity
<input type="checkbox"/>	E66.9	Obesity NOS
<input type="checkbox"/>	E88.81	Metabolic Disorder
<input type="checkbox"/>	K21.9	GERD
<input type="checkbox"/>	K44	Diaphragmatic Hernia
<input type="checkbox"/>	K52.2	Allergic and Dietetic Gastroenteritis and Colitis
<input type="checkbox"/>	K58	IBS
<input type="checkbox"/>	K70.3	Alcoholic Cirrhosis of Liver
<input type="checkbox"/>	K76.0	NAFLD
<input type="checkbox"/>	K90.0	Celiac Disease
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Please attach any recent labs available.**

Referral Notes: \_\_\_\_\_

Referring Provider Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Print Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Nutrition & Wellness Program offered in-person at the locations below.**  
(Virtual Nutrition visits are available at any RET location: [retptgroup.com/locations](http://retptgroup.com/locations).)

- AUBURN**  
Lakeland Sports & Spine Physical Therapy  
1620 Lake Tapps Parkway E, Ste 115  
Auburn, WA 98092  
p: 253.939.7179 | f: 253.939.7182
- LYNNWOOD**  
OrthoSport Physical Therapy  
19217 36th Ave W Ste 102  
Lynnwood, WA 98036  
p: 425.670.9991 | f: 425.670.9995
- BELLEVUE**  
Bellevue Physical Therapy  
11711 NE 12th Street, Suite 3A  
Bellevue WA 98005  
p: 425.454.1405 | f: 425.635.9340
- LAKE STEVENS**  
Reaction Physical Therapy  
925 Frontier Circle E Ste 100  
Lake Stevens, WA 98258  
p: 425.377.1290 | f: 425.377.1169
- BURIEN**  
Burien Physical Therapy  
15500 1st Ave S, Suite 106  
Burien, WA 98148  
p: 206.258.2549 | f: 206.582.2192
- NORTH BEND**  
North Bend Physical Therapy  
400 Main Ave S  
North Bend, WA 98045  
p: 425.888.1156 | f: 425.888.6167
- KIRKLAND**  
Totem Lake Physical Therapy  
12910 Totem Lake Blvd NE Ste 105  
Kirkland, WA 98034  
p: 425.823.8631 | f: 425.814.4731
- PUYALLUP**  
Meridian Physical Therapy  
1707 3rd St SE  
Puyallup, WA 98372  
p: 253.841.3041 | f: 253.841.3061

NUTRITION INFO



**For appointment questions,** call Central Scheduling at 844.708.7982 or one of the clinics above.

**For program questions,** email our dietitians at [Nutrition@retpt.com](mailto:Nutrition@retpt.com).