



150 Dorset St., Ste 245-313  
South Burlington, VT 05403-6256  
Phone: (802) 236-9516  
Fax: (802) 448-1353

----- Nutrition Counseling Referral Form -----

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

**Referral Diagnosis:**

- F50.00 Anorexia nervosa, unspecified
- F50.01 Anorexia nervosa, restricting type
- F50.02 Anorexia nervosa, binge eating/purging type
- F50.2 Bulimia nervosa
- F50.81 Binge eating disorder
- F50.82 Avoidant/restrictive food intake disorder
- F50.89 Other specified eating disorder  
Please specify: \_\_\_\_\_
- F50.9 Eating disorder, unspecified
- Other Please specify (w/ ICD-10 code): \_\_\_\_\_

Additional information/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Provider Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Referring Provider Phone #: \_\_\_\_\_ NPI#: \_\_\_\_\_

Signature: \_\_\_\_\_