



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 attach current notes and lab work