Child’s Name:

DOB:

Referral for Nutrition Services

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**Mt. Washington Pediatric Hospital**

**1708 West Rogers Avenue**

**Baltimore, MD 21209**

Phone: (410)367-2222 Fax: (**410)-578-5245**

**Reason for Referral** (check appropriate diagnostic codes below - listed alphabetically):

|  |  |  |
| --- | --- | --- |
|  | **ICD-10** | **Diagnosis** |
|  | R10.84 | Abdominal Pain |
|  | L83 | Acanthosis Nigricans |
|  | Z91.018 | Allergy to other foods |
|  | F84.0 | Autistic Disorder, Active |
|  | K90.0 | Celiac Disease |
|  | K59.00 | Constipation (unspecified) |
|  | L25.9 | Dermatitis (unspecified) |
|  | L27.2 | Dermatitis due to ingested food |
|  | R62.51 | Failure to Thrive |
|  | R63.3 | Feeding Problem |
|  | K21.9 | GERD (Gastroesoph reflux disease) |
|  | E78.5 | Hyperlipidemia (unspecified) |
|  | I10 | Hypertension (unspecified) |
|  | E16.2 | Hypoglycemia |
|  | R63.8 | Hypometabolism Nutrition (low metabolism) |
|  | E03.9 | Hypothyroidism, acquired (unspecified) |
|  | E03.1 | Congenital Hypothyroidism w/o goiter |
|  | R73.01 | Impaired Fasting Glucose |
|  | R73.02 | Impaired Glucose Tolerance |
|  | Z72.4 | Inappropriate diet and eating habits (ie PICA) |
|  | E44.1 | Malnutrition of Mild Degree |
|  | E44.0 | Malnutrition of Moderate Degree |
|  | E66.01 | Morbid Obesity |
|  | K76.0 | Non-alcoholic fatty liver disease |
|  | E63.9 | Nutritional Deficiency (unspecified) |
|  | E66.9 | Obesity (unspecified) |
|  | E66.3 | Overweight |
|  | E28.2 | Polycystic Ovarian Syndrome (PCOS) |
|  | R63.6 | Underweight |
|  | E55.9 | Vitamin D Deficiency |
|  | R63.5 | Weight Gain, Abnormal (unusual increase) |

**Other Codes/Diagnoses/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please FAX growth chart, pertinent lab results and last clinic note with this Referral Form to the Outpatient Call Center at 410-578-5245.**

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**Ordering Provider (please print)** **Signature Phone # & Date**

**Revised 6-5-2015**