Referral for Center for Nutritional

Child’s Name:

DOB:

Rehabilitation Therapy Consult

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**Mt. Washington Pediatric Hospital**

**1708 West Rogers Avenue**

**Baltimore, MD 21209**

**Phone: (410)578-5250 Fax: (410)-578-2654**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ICD-9** | **ICD-10** | **Diagnosis** |
|  | 789.07 | R10.84 | Abdominal Pain |
|  | 701.2 | L83 | Acanthosis Nigricans |
|  | V15.05 | Z91.018 | Allergy to other foods |
|  | 299.00 | F84.0 | Autistic Disorder, Active |
|  | 579.0 | K90.0 | Celiac Disease |
|  | 564.00 | K59.00 | Constipation (unspecified) |
|  | 692.9 | L25.9 | Dermatitis (unspecified) |
|  | 693.1 | L27.2 | Dermatitis due to ingested food |
|  | 783.41 | R62.51 | Failure to Thrive |
|  | 783.3 | R63.3 | Feeding Problem |
|  | 530.81 | K21.9 | GERD (Gastroesoph reflux disease) |
|  | 272.4 | E78.5 | Hyperlipidemia (unspecified) |
|  | 401.9 | I10 | Hypertension (unspecified) |
|  | 251.2 | E16.2 | Hypoglycemia |
|  | 783.9 | R63.8 | Hypometabolism Nutrition (low metabolism) |
|  | 244.9 | E03.9 | Hypothyroidism, acquired (unspecified) |
|  | 243 | E03.1 | Congenital Hypothyroidism w/o goiter |
|  | 790.21 | R73.01 | Impaired Fasting Glucose |
|  | 790.22 | R73.02 | Impaired Glucose Tolerance |
|  | 263.1 | E44.1 | Malnutrition of Mild Degree |
|  | 263.0 | E44.0 | Malnutrition of Moderate Degree |
|  | 278.01 | E66.01 | Morbid Obesity |
|  | 571.8 | K76.0 | Non-alcoholic fatty liver disease |
|  | 269.9 | E63.9 | Nutritional Deficiency (unspecified) |
|  | 278.00 | E66.9 | Obesity (unspecified) |
|  | 278.02 | E66.3 | Overweight |
|  | 783.22 | R63.6 | Underweight |
|  | 268.9 | E55.9 | Vitamin D Deficiency |
|  | 783.1 | 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 Center for Nutritional Rehab at 410-578-2654.**

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

**Revised 6-5-2015**