food & fertility

Referring Provider Information

Provider Name:	Clinic Name:
Phone:	Fax:
Email:	

Patient Information

Patient Name:	Date of Birth:
Phone:	Email:

Please Fax this Form and Pertinent Labs to: (530) 267-6712

Desired Care and Dietary Objective:

☑ Optimize fertility with nutrition and lifestyle
☐ Referring provider authorizes ordering of nutrition-related labs relevant to MNT
☐ Other: _____

Nutritional Counseling & Deficiencies
☐ Dietary counseling and surveillance (Z71.3)
☐ Iron deficiency anemia (D50.9)

Female Infertility
☐ Infertility associated with anovulation (N97.0)
☐ Female infertility of other specified origin (N97.8)
☐ Female infertility, unspecified (N97.9)

Autoimmune & GI Conditions
☐ Endometriosis (N80.*)
☐ Celiac disease (K90.0)
☐ GI condition affecting digestion/nutrition (K63.9)

PCOS & Menstrual Disorders
☐ Polycystic ovarian syndrome (E28.2)
☐ Amenorrhea (absent periods) (N91.2)
☐ Oligomenorrhea (infrequent periods) (N91.5)
☐ Irregular menstrual cycle (N92.6)
☐ Relative energy deficiency in sport (RED-S) (F50.89/E63.9)

Assisted Reproductive Technology
☐ Assisted reproductive technology (Z31.83)

Pregnancy & Reproductive Risks
☐ Recurrent pregnancy loss (N96)
☐ History of neural tube defect (Z84.81 or Z87.59 as appropriate)

Male Infertility & Sperm Parameters
☐ Infertility associated with male factors (N97.4)
☐ Male infertility, unspecified (N46.9)
☐ Oligospermia (low sperm count) (N46.01)
☐ Asthenospermia (reduced motility) (N46.02)
☐ Teratospermia (abnormal morphology) (N46.03)

Endocrine & Metabolic Conditions
☐ Type 2 diabetes without complications (E11.9)
☐ Type 1 diabetes mellitus without complications (E10.9)
☐ Metabolic syndrome (E88.81)
☐ Obesity, unspecified (E66.9)
☐ Hypothyroidism (E03.9)
☐ Hashimoto's thyroiditis (E06.3)
☐ Hyperthyroidism (E05.9)
☐ Graves' disease (E05.0)

Other:

Provider Authorization

The above is referred for ***medical nutrition therapy*** as part of medical treatment and prevention for the diagnoses listed. By submitting this referral, provider affirms the patient is aware of and consents to being contacted directly by Food and Fertility for scheduling and nutrition services. Dietitian will share progress and recommendations with referring provider unless otherwise noted.

Provider Signature: _____ Date: _____

Lorena Akerman, MS, RD, CDN, CDCES (NPI: 1548562812)
Phone: (916)938-2539 Fax: (530) 267-6712 foodandfertility.com