



### 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)

Other: \_\_\_\_\_

#### 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)

### Provider Authorization

The above is referred for **medical nutrition therapy** as part of medical treatment and prevention for the diagnoses listed. Dietitian will share progress and recommendations with referring provider unless otherwise noted.

- ☐ The patient is aware of and consents to being contacted directly by Food and Fertility for scheduling and nutrition services.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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