



Wholehearted Nutrition & Wellness LLC
Meredith Magnini MS, RDN, LDN
315 S. Salem St Suite 226
Apex NC 27502

Nutrition Referral Form

From :

Referring Physician Stamp/Write in

Physicians Signature: _____

Patient's Name: _____

Parent/Guardian Name _____ Phone number(s): _____

(Please circle all that apply, write in additional below)

- Abnormal Wt Gain: R63.5
- Amenorrhea: N91.2
- Anorexia Nervosa/Restricting: F50.01
- Anorexia Nervosa/Binge/Purge: F50.02
- Anorexia Nervosa/Unspecified: F50.00
- Avoidant/restrictive food intake disorder (ARFID): F50.89
- Hyperlipidemia/Other: E78.4
- Hypertriglyceridemia/Pure: E78.1
- Hypertension w/out CHF: I11.9
- Irritable Bowel Syndrome: K58.0
- Obesity/NOS: E66.9
- Polycystic Ovarian Syndrome: E28.2
- Binge Eating Disorder: F50.81
- Bulimia Nervosa: F50.2
- Celiac Disease: K90.0
- Diabetes type 1 w/out complications: E10.9
- Diabetes type 2 w/ hyperglycemia: E11.65
- Hyperlipidemia/Mixed: E78.2
- Hypertension/Essential/Primary: I10
- Impaired Fasting Glucose: R73.01
- Malnutrition/mild: E44.1
- Overweight: E66.3
- Eating Disorder NOS: F50.9
- Food Allergies: K52.2
- Hypercholesterolemia: E78.00
- Hyperlipidemia/Unspec: E78.5
- Malnutrition/moderate: E44.0

Diagnosis: _____ ICD 10: _____
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Meredith Magnini RD- Wholehearted Nutrition & Wellness
Office: 919-335-6862
Fax: 919-234-5027
Email: Meredith@Meredithmagninird.com



Diagnosis: _____ ICD 10: _____

*** Please attach Labs, Growth and BMI Charts and any other information you wish us to have***

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