



Medical Nutrition Therapy (MNT) Referral Form for L.A. Care's Direct Line of Business Members

Please complete and **FAX to (213) 438-5042** Attention: Janine Souffront, RD, CHES

Member Information

Name	Phone
CIN #	DOB

Medical Nutrition Therapy (MNT): Information marked with asterisk (*) is required

Nutrition Prescription*	Diagnosis*	Pertinent Lab Findings* (or attach labs)		
<input type="checkbox"/> Therapeutic diet prescription: <hr style="width: 80%; margin-left: 20px;"/> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OR</p> <input type="checkbox"/> Diet per Registered Dietitian	<input type="checkbox"/> Diabetes, uncontrolled (HgA1c >8): <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Date	Lab	Value
	<input type="checkbox"/> Pre-ESRD (GFR 13-50 ml/min/1.73m ²)			
	<input type="checkbox"/> Pediatric (age 2-18) obesity (BMI > 95 th percentile for age)			
Anthropometric Information* Date: _____	<input type="checkbox"/> Pediatric (age 2-18) underweight (BMI < 5 th percentile for age)			
Ht:	<input type="checkbox"/> Adult (age 18+) obesity (BMI > 35)	Medications* <i>(specify type, dose, frequency)</i>		
Wt:	<input type="checkbox"/> Adult (age 18+) underweight (BMI < 18 or < 23 in adults over age 65)			
BMI:	Other dx or co-morbidities <i>(specify)</i> : _____			
Additional Information: <i>Special needs:</i> <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <i>Language:</i> <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<input type="checkbox"/> Cleared to exercise without restrictions <input type="checkbox"/> Restrictions <i>(specify)</i> : _____		

Desired Objective of MNT*
Provider Signature and Information

*Provider Signature:	
Date:	
Provider Name (printed):	
Group/Practice Name:	
Address:	
Telephone Number:	

NOTE: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the intended recipient, or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and delete any copies.

Medical Nutrition Therapy (MNT) Description

L.A. Care Health Plan makes available MNT services to direct line of business members (MCLA, L.A. Care Healthy Kids, L.A. Care Healthy Families, & L.A. Care Medicare Advantage HMO SNP). MNT services are provided under the supervision of a Registered Dietitian (RD) and are offered as individual counseling and/or group appointments. They are available at no cost to direct line of business members.

Nutrition Prescription

Please include a specific diet order or you may leave the determination of the dietary intervention to the discretion of the RD by marking the second box. The dietary intervention will be determined by the RD during the MNT assessment and will be based on national protocols and guidelines.

Diagnosis

Members must have one of the diagnoses listed to be eligible for MNT services. You may also include other dx or co-morbidities that may be present such as hypertension or dyslipidemias.

Laboratory Findings

Please list any pertinent lab values that may assist the dietitian in performing a nutrition assessment. Useful labs would include FBG, HbA1c, Creatinine, Hgb, Hct.

Anthropometric Information

Most recent height and weight, any changes in weight, BMI if available. For children also include BMI for age percentile in NCHS growth chart.

Medications

List any medications or supplements member may be taking.

Additional Information

Mark any special needs member may have including physical limitations or language needs.

Exercise Clearance

Indicate if member is cleared to exercise without restrictions, or if there are restrictions indicate what those are.

Desired Objective of MNT

Statement of the desired objective for dietary treatment. Some samples of objectives are:

- Optimize blood glucose levels, lipids and/or blood pressure
- Prevent or treat chronic complications such as obesity, heart disease, retinopathy, hypertension, and nephropathy.
- Adapt dietary intake to individual's differences (age, culture, lifestyle, wishes and willingness to change)
- Influence change in child's food intake to promote normal growth and development.
- Integrate insulin regimens into usual eating and physical activity habits.

♦**Fax Orders:** When fax is used as a means of communicating MNT orders by the physician, the physician's office should retain the fax documents as part of the patient's medical record. The physician's office should be able to produce the order with the original signature upon request.