



## Patient Referral Form

Email: refer@geteverlong.com

Group NPI: 1982209680

Fax: +1 (866) 803-5661

**Instructions:** Please complete this form and send it to us via email or fax using the contact information above. **Be sure to attach photos of both the front and back of the patient's insurance card.**

### Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

State of Residence: \_\_\_\_\_

### Referring Provider Information

Company: \_\_\_\_\_

Fax: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Name of Referring Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

**For diagnostic providers, please check ALL medical diagnoses that apply.**

- \_\_\_\_\_ E10.9 Type 1 DM, (w/o complications)
- \_\_\_\_\_ E11.9 Type 2 DM (w/o complications)
- \_\_\_\_\_ E28.2 Polycystic Ovarian Syndrome
- \_\_\_\_\_ E66.0 Obesity (due to excess calories)
- \_\_\_\_\_ E66.01 Morbid Obesity (due to excess calories)
- \_\_\_\_\_ E66.3 Overweight
- \_\_\_\_\_ E66.8 Other Obesity
- \_\_\_\_\_ E66.9 Obesity (unspecified)
- \_\_\_\_\_ E78.0 Pure Hypercholesterolemia
- \_\_\_\_\_ E78.1 Pure Hyperglyceridemia
- \_\_\_\_\_ E78.2 Mixed Hyperlipidemia
- \_\_\_\_\_ E78.4 Other Hyperlipidemia
- \_\_\_\_\_ E78.5 Hyperlipidemia (unspecified)

- \_\_\_\_\_ I10.0 Essential Hypertension
- \_\_\_\_\_ K50.919 Crohn's Disease
- \_\_\_\_\_ K51.90 Ulcerative Colitis
- \_\_\_\_\_ K52.2 Food Allergies
- \_\_\_\_\_ K58.0 Irritable Bowel Syndrome (w/ diarrhea)
- \_\_\_\_\_ K58.9 Irritable Bowel Syndrome (w/ constipation)
- \_\_\_\_\_ K90.0 Celiac Disease
- \_\_\_\_\_ O24.410 Gestational Diabetes (diet controlled)
- \_\_\_\_\_ R63.4 Abnormal Weight Loss
- \_\_\_\_\_ R73.03 Prediabetes
- \_\_\_\_\_ Z71.3 Dietary Surveillance & Counseling
- \_\_\_\_\_ Z72.4 Inappropriate Diet & Eating Habits
- \_\_\_\_\_ Other: \_\_\_\_\_

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