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Outpatient Pediatric Nutrition Referral

Tully Health Center
Cohen Children's Specialty Center
32 Strawberry Hill Court, Suite #7
Stamford, CT 06902

Patient Information

Patient's Name:	□ Male □ Female □ Other	Age:	DOB:

Parent(s) Name:	Language: □ English □ Spanish □ Other

Phone Number (home):	Phone Number (cell):

Height:	Weight:	BMI:	BMI percentile:

Patient insurance company:	Insurance policy #:

Reason for Referral – please check all that apply

Allergies and Food Intolerances
- □ E73.9 Lactose intolerance, unspecified
- □ Z91.010 Peanut allergy
- □ Z91.011 Milk allergy
- □ Z91.012 Egg allergy
- □ Z91.013 Seafood allergy
- □ Z91.018 Allergy to other foods

Anemia
- □ D50.8 Other iron deficiency anemias
- □ D50.9 Iron deficiency anemia, unspecified

Eating Disorders
- □ F50.00 Anorexia nervosa, unspecified
- □ F50.20 Bulimia nervosa, unspecified
- □ F50.819 Binge eating disorder, unspecified
- □ F50.82 ARFID
- □ F50.9 Eating disorder, unspecified

Endocrine (Diabetes, Insulin Resistance)
- □ E03.9 Hypothyroidism, unspecified
- □ E11.9 Type 2 diabetes without complications
- □ E16.2 Hypoglycemia, unspecified
- □ E28.2 Polycystic Ovarian syndrome (PCOS)
- □ E30.1 Precocious (early onset) puberty
- □ E88.810 Metabolic syndrome
- □ E88.819 Insulin Resistance, unspecified
- □ L83 Acanthosis nigricans
- □ Q87.11 Prader-Willi syndrome
- □ R73.01 Impaired fasting glucose
- □ R73.02 Impaired glucose tolerance test (oral)
- □ R73.03 Prediabetes
- □ R73.09 Other abnormal glucose

Failure to Thrive/Underweight
- □ R62.51 Failure to thrive, child
- □ R63.0 Loss of appetite
- □ R63.4 Abnormal weight loss
- □ R63.6 Underweight
- □ Z68.51 BMI <5th percentile for age

Fatty Liver
- □ K76.0 Fatty (change of) liver/NAFLD
- □ R74.01 Elevated liver enzymes

Gastrointestinal Disorders
- □ K20.0 Eosinophilic esophagitis
- □ K21.9 GERD
- □ K50.9 Crohn's disease, unspecified
- □ K51.9 Ulcerative colitis, unspecified
- □ K58 Irritable bowel syndrome
- □ K59.0 Constipation
- □ K63.821 SIBO
- □ K90.0 Celiac disease
- □ K90.41 non-Celiac gluten sensitivity
- □ R11.0 Nausea
- □ R11.10 Vomiting, unspecified
- □ R19.7 Diarrhea, unspecified

Hyperlipidemia
- □ E78.0 Pure hypercholesterolemia
- □ E78.1 Pure hyperglyceridemia
- □ E78.2 Mixed hyperlipidemia
- □ E78.4 Other hyperlipidemia
- □ E78.5 Hyperlipidemia, unspecified

Hypertension
- □ I10 Essential (primary) hypertension

General Nutrition Guidance
- □ Z59.41 Food insecurity
- □ Z59.48 Other specified lack of adequate food
- □ Z71.3 Dietary counseling and surveillance
- □ Z72.3 Lack of physical exercise
- □ Z72.4 Inappropriate diet and eating habits

Overweight/Obesity
- □ E66.0 Obesity due to excess calories
- □ E66.01 Morbid obesity due to excess calories
- □ E66.3 Overweight
- □ E66.811 Class 1 obesity
- □ E66.812 Class 2 obesity
- □ E66.813 Class 3 obesity
- □ E66.9 Obesity, unspecified
- □ R63.5 Abnormal weight gain
- □ Z68.52 BMI 5th to <85th percentile for age
- □ Z68.53 BMI 85th to <95th percentile for age
- □ Z68.54 BMI 95th to <120% of 95th percentile
- □ Z68.55 BMI 120% to <140% of 95th percentile
- □ Z68.56 BMI ≥140% of 95th percentile

Picky Eater/Feeding Difficulties
- □ R63.39 Other feeding difficulties (picky eater)
- □ F50.82 ARFID

Sports Nutrition
- □ Z71.82 Exercise counseling

Vitamin and Mineral Deficiencies
- □ E55.9 Vitamin D deficiency
- □ E63.9 Nutritional deficiency, unspecified

- □ Other:_____

Relevant Labs and Additional Information

Referring Provider

Date:	Phone:

Provider (print):	Fax:

Provider (signature):	Email:

Address:	

For office use only – CPT codes for medical nutrition therapy: □ 97802 Initial assessment   □ 97803 Reassessment

STAMFORD HEALTH

Please fax or email referral form to Ilaria St. Florian
Fax: 203-276-2027 | email: istflorian@stamhealth.org

Cohen Children's Institute
STAMFORD HEALTH

Revised 7/15/2025