



CARE NEW ENGLAND Wellness Center

Fitness • Health Care • Education

PATIENT REFERRAL

Patient's Name: _____ D.O.B. _____

Home Phone: _____ Alternate Phone: _____

Diagnosis: _____

Precautions/Contraindications: _____

Please note that not all referral diagnoses are covered by insurance plans. All patients are invited to contact their insurance companies to inquire about specific coverage. Our office staff will follow up and verify patient coverage at the time of the appointment.

NUTRITION

- Hypertension (401.9)
- High Triglyceride (272.1)
- Hypoglycemia (251.2)
- Hyperlipidemia (272.0)
- Hypothyroidism (244.9)
- Crohn's/Colitis/IBS (564.0)
- Celiac Disease (579.0)
- Osteoporosis (733.0)
- Fatty Liver (571.8)
- Gerd (530.81)
- Other _____

DIABETES

- Diabetes Type 1 Controlled (250.01)
- Diabetes Type 1 Uncontrolled (250.03)
- Diabetes Type 2 Controlled (250.00)
- Diabetes Type 2 Uncontrolled (250.02)
- Gestational Diabetes (648.8)
- Diabetes Outpatient Education Classes
- Glucometer Teaching
- Insulin Teaching

CARDIAC SERVICES

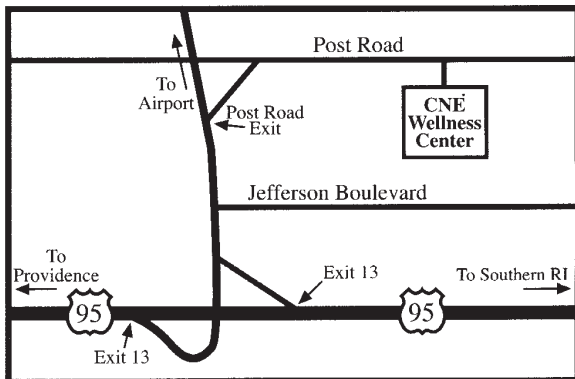
- Cardiac Rehabilitation
- Cardiac Maintenance
- Cardiac Risk Reduction

Referring Physician: _____

Physician's Address: _____

Signature: _____

Date: _____



Warwick

2191 Post Road Warwick, RI (401)732-3066

From North & South-Take exit 13 off 95. Take the second exit (Post Road). You will see the back of the Wellness Center on your right as you go down the exit ramp. At the light at the end of the exit, turn right onto Post Road. Take your first right into the Center's parking lot.