



### Clinical Information for Nutritional Therapy

**PART A: Patient/Provider Information – Please Print**

Patient Name (Last, First, MI)	Sponsor SSN	Date of Birth (mm/dd/yyyy)
Requesting Provider		Provider Fax #

**PART B: Clinical Information – Please check appropriate boxes and make comments as indicated – Please Print**

Inborn errors of metabolism (e.g. PKU): Please specify: \_\_\_\_\_

Malabsorption conditions (e.g. short-bowel syndrome): Please specify: \_\_\_\_\_

Gastrointestinal pathology (e.g. allergic eosinophilic gastroenteritis): Please specify: \_\_\_\_\_

Neurological conditions (e.g. central nervous system disease/disorder): Please specify: \_\_\_\_\_

Other condition: Please specify: \_\_\_\_\_

Height (length) \_\_\_\_\_ Percentile of normal \_\_\_\_\_

Weight \_\_\_\_\_ Percentile of normal \_\_\_\_\_

**PART C: Treatment Plan**

1. Product name to be administered: \_\_\_\_\_

2. Administration route:  Enteral  Oral  Parenteral  Peritoneal

3. Administration method  Pump  Gravity  Syringe

4. Administration rate: \_\_\_\_\_

5. Days per week administered: \_\_\_\_ (enter 1-7)

6. Caloric order per day: \_\_\_\_\_

7. Patient's current estimated daily caloric requirement: \_\_\_\_\_

8. Is the requested therapy the primary source of nutrition?  Yes  No

9. Is the requested therapy Ketogenic diet therapy?  Yes  No

10. Estimated duration: (# of months): \_\_\_\_ (enter 1-99; 99=lifetime)

12. Have any changes in formula and/or solution occurred within the past year?  Yes  No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART D: Codes**

HCPCS or NDC codes (REQUIRED): \_\_\_\_\_

**Please fax this completed form with supporting clinical documentation and/or other relevant data to:**

**TriWest Healthcare Alliance – Fax: 866-269-5892**

**TRICARE Prime Remote, TRICARE Reserve Select – Fax: 866-312-5831**

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.  
 Privacy Act Statement: This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only."  
 Violations of this may be punishable by fines, imprisonment, or both.