Anoka County
ALTERNATIVE OR SPECIAL DIET REQUEST

This form MUST be completed by the participant's MN Healthcare Provider (MHCP) physician or nurse practitioner prescribing the special diet on an annual basis.

Plan Start Date: 03/01/201 **Plan End Date:** 02/29/202

Participant Name Henry Hope PMI 99293876 Date of Birth 10/09/2005

Case Manager Casey Casemanager Support Planner (if applicable) Ida Support

Evaluation of Special Diet

Prescribed Diet(s): If multiple diets are checked, please indicate if they overlap with respect to their dietary components. This will help determine the allowed amount to be claimed for reimburser

If diets overlap, can only use one diet in budget. If not, may use both diets.

Dr. should select appropriate diet (s) and indicate whether foods overlap.

Prescribed Diet	Do Diets Overlap?	
☐ Anti-Dumping	Yes ☐	No ☐
☑ Gluten Free	Yes ☐	No ☑
☐ Controlled Protein (40-60 grams/requires special products)	Yes ☐	No ☐
☐ Controlled Protein (less than 40 grams/requires special products)	Yes ☐	No ☐
☐ High Protein (minimum 80 grams per day)	Yes ☐	No ☐
☐ High Residue	Yes ☐	No ☐
☐ Hypoglycemic	Yes ☐	No ☐
☐ Ketogenic	Yes ☐	No ☐
☑ Lactose Free	Yes ☐	No ☑
☐ Low Cholesterol	Yes ☐	No ☐
☐ Pregnancy and Lactation	Yes ☐	No ☐

MHCP Provider MUST initial.

The MHCP enrolled provider must INITIAL each box below for reimbursement to be allowed.

DG The special diet is NOT considered experimental for the condition being treated.

DG The special diet is NOT contraindicated (should not be used) for the condition being requested.

DG The special diet IS appropriate for this individual.

DG This request is within the scope of my practice.

DG This individual is currently under my care.

Length of Prescribed Diet(s): One year and then reassess

Condition Diet is Treating: Bowel issues, GI issues

Notes: Must be signed by MHCP physician, physician assistant, or nurse practitioner.

Dr Deborah DoGood — 02/13/2019

MHCP Enrolled Provider Signature — Date

Dr. Deborah DoGood — 99802481

MHCP Enrolled Provider (Printed Name) — MHCP Provider Number