# QUESTIONNAIRE #10
Oral and Enteral Nutritional Formula
Optional Submission on All PARs

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Health First Colorado ID #</th>
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<tbody>
<tr>
<td>Length of Need</td>
<td>Height</td>
</tr>
<tr>
<td>BMI</td>
<td>Start Date</td>
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(For all members, attaching growth chart is optional.)

The information requested below is required to determine medical necessity. Complete this form and attach to the completed Prior Authorization Request (PAR).

1. What is the complete diagnosis with complicating factors?
   a. List reasons why client cannot consume a regular diet to meet their nutrition needs

2. Last 2 years’ weight history
   - □ Stable  □ Increase  □ Decrease  □ Unknown
   - Amount Change:

3. If the member has received supplement feeding in the past two years, what was the weight and BMI when product previously started?
   - Weight:
   - BMI:

4. Does the member have difficulty chewing/swallowing?
   a. If yes, describe.
   - □ Yes  □ No

5. Has a swallow study been completed? Including results is optional.
   - □ Yes  □ No

6. For adults over the age of 20, is therapy intended to serve as a protein supplement?
   a. If yes, what is the serum albumin level?
   b. Date of lab value?
   *Note: Excludes wound care clients.

   □ Yes  □ No
   - Serum Albumin Level: __________
   - Date of lab value: __________

7. Brand formula(s) requested:
   a. Route of administration:
   □ Oral  □ Enteral

8. Is the formula:
   □ Supplement  □ Total Nutrition
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<tr>
<th>9. What was the date of the last nutrition consult at the MD or RD appointment?</th>
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<th>10. Please check which applies to this request.</th>
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<tbody>
<tr>
<td>[ ] Initial</td>
</tr>
<tr>
<td>[ ] Ongoing</td>
</tr>
<tr>
<td>[ ] Change in formula</td>
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<tr>
<th>11. Please supply any additional information that will assist in determining <strong>medical necessity</strong> for this request:</th>
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Print Prescriber Name ____________________________________________________________

Prescriber NPI ________________________________

Prescriber Signature __________________________________________________________

Date______________________________________________