Memorial Health

Memorial Wellness Center Referral Information

Patient name: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Insurance: _____ Group #: _____ ID #: _____

Special accomodations needed: ☐ None ☐ Vision impairment ☐ Hearing impairment ☐ Cognitive impairment
☐ Language limitations ☐ Other _____

Location preference of service: ☐ Decatur ☐ Lincoln ☐ Jacksonville ☐ Springfield ☐ Taylorville

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PROGRAM REQUESTED:

☐ Bariatric surgery program
☐ Nonsurgical weight-loss program
☐ Optimization program in preparation for an elective surgery
☐ Culinary Medicine (cooking classes)
☐ Center to evaluate and determine weight-loss program (surgical or medical)
☐ Diabetes Self-Management Education with ADCES content by an RNCDE and RDCDE
  ☐ Initial 10 hours ☐ Annual 2 hours
  ☐ CGM ☐ Insulin Education
☐ Medical Nutrition Therapy

DIAGNOSIS (FOR INSURANCE PURPOSES, CHECK ALL THAT APPLY):

☐ Overweight (BMI 26–29)
☐ Obesity (BMI 30–39)
☐ Morbid obesity (BMI>40)
☐ Diabetes
  Most recent A1C: _____
  Date: _____
  ☐ Type I ☐ Type II
☐ Prediabetes
☐ Hypertension
☐ Sleep apnea
☐ Hypercholesterolemia
☐ Hypoglycemia
☐ Hypothyroidism
☐ Polycystic ovarian syndrome
☐ History of bariatric surgery
☐ Asthma

Mental Health

☐ Anxiety
☐ Depression
☐ Bipolar disorder

Nutrition

☐ Renal disease
☐ Pregnancy
☐ Celiac disease/gluten intolerance
☐ Gastrointestinal disorders: irritable bowel, diverticulosis, Crohn's
☐ Unintentional weight loss
☐ Eating disorder
☐ General nutrition and disease prevention

Physical

☐ Osteoarthritis
☐ Back pain
☐ Knee pain
☐ Fibromyalgia
☐ Degenerative disc disease
☐ Degenerative joint disease
☐ Claudication
☐ Hip pain
☐ Plantar fasciitis

SERVICE REQUESTED:

☐ Consultation with physician or advanced practice provider for medical assessment and treatment
☐ Consultation with behavioral health specialist for health and behavior assessment and treatment CPT: 96150, 96152, 96153
☐ Consultation with dietitian for medical nutrition therapy evaluation and treatment CPT: 97802, 97803, 97804
☐ Consultation with physical therapist for evaluation and treatment CPT: 97001, 97002
☐ Consultation with diabetes educator for evaluation and treatment CPT: G0108, G0109, 95249, 95250, 0403T

Physician name: _____

Physician phone: _____ Fax: _____

Physician signature: _____ Date _____

Fax to Memorial Wellness Center: **217–527–3209** | Phone 217–788–3948