

**Weight Loss and Wellness Referral Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

Gender: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Insurance: \_\_\_\_\_

Employer: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

**Program Requested:**

**Bariatric surgery program**

**Medical weight-loss program**

**Please indicate primary care physician preference for obesity management:**

**Bariatrician to evaluate and treat obesity, including medication if indicated**

**Bariatrician to make recommendations only for treatment of obesity with medications**

**Please indicate primary care physician preference for management of obesity-related conditions:**

**Bariatrician to evaluate and treat obesity-related conditions**

**Bariatrician to make recommendations only for treatment of obesity-related conditions**

**Patient Optimization track in preparation of elective orthopedic surgery**

**Center to evaluate and determine weight-loss program (surgical or medical)**

**Diagnosis (for insurance purposes, check all that apply)**

Overweight (BMI 26–29)

Obesity (BMI (30–39)

Morbid obesity (BMI >40)

Diabetes

Pre-diabetes

Hypertension

CHF

Sleep apnea

Hypercholesterolemia

Hyperglycemia

Hypoglycemia

Fatty liver

Hypothyroidism

Polycystic ovarian syndrome

Ulcerative colitis

History of bariatric surgery

Asthma

COPD

Other: \_\_\_\_\_

**Mental Health**

Anxiety

Depression

Bipolar disorder

Mood disorder due to a general medical condition

Adjustment disorder

**Physical**

Osteoarthritis

Back pain

Knee pain

Fibromyalgia

Degenerative disc disease

Degenerative joint disease

Claudication

Hip pain

Plantar fasciitis

**Service Requested:**

- Consultation with physician or midlevel 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

Physician Name: \_\_\_\_\_

*Is this the primary care physician? If not, PCP Name:* \_\_\_\_\_

PCP Phone: \_\_\_\_\_ PCP Fax: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Fax to Memorial Weight Loss & Wellness Center: (217) 527–3209

Phone (217) 788–3948

