

WeighToLive

It's not just about your looks -
it's about your life!

WeighToLive Program Referral - 888-676-9258 (W2LV) www.WeighToLive.net

Please check all that apply:

Weight loss desired

less than 25lbs 25-50 lbs 50-100 lbs 100lbs or more

Date _____

Weight related medical issues:

Diabetes Metabolic Syndrome
 Hypertension Polycystic ovaries
 Obstructive sleep apnea Hypercholesterolemia
 Heart disease Hyperlipidemia, mixed
 GERD Obesity

Please note: Some services are not covered by individual insurance plans. Please check individual plan for coverage.

Patient Demographics

MR# _____ **SS#** _____ / _____ / _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Date of Birth: _____ / _____ / _____ **Sex:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____ **May we contact the patient via email?**
Yes No

Weight: _____ **Height:** _____ **BMI:** _____ kg/m²

Referring Physician Information

Physician _____ **Self Referral** Yes No **TV** **Radio** **Newspaper** **Other** _____

Office Contact: _____ **Telephone:** _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Insurance: _____ **Secondary Insurance:** _____

FOR OFFICE USE ONLY

Staff Contact: _____

Left Message/Date _____

Spoke to Inquirer/Date _____

Lab Date: _____

