

# WeighToLive

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

WeighToLive Program Referral - 888-676-9258 (W2LV) [www.WeighToLive.net](http://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/m<sup>2</sup>

## 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:** \_\_\_\_\_

