FLOYD[SM]
Center for Bariatric Services

Letter of Referral for Weight Loss Surgery

Patient Name: ____ DOB: ____________________

The patient named above is a patient of mine with a longstanding history of obesity that has been refractory to medical weight loss regimens. The patient's obesity related comorbidities include:

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The patient's additional medical history is significant for:

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The patient's most recently recorded height and weight:

Height: ___________ Weight: ___________ BMI: __________ Date: _______________

My patient is motivated to make lifestyle changes required to maximize the likelihood of successful, sustained weight loss and would therefore benefit from consideration for weight loss surgery in order to improve their overall health, quality of life, and to minimize their risk of obesity related comorbidities. Please evaluate my patient as a candidate for weight loss surgery.

If considered an appropriate candidate:

- ☐ The patient is medically cleared for surgery
- ☐ I will need to see the patient back again in the office for formal pre-operative clearance

Physicians Signature: ____ Date: ______________

I have also enclosed documentation of prior weight loss efforts and the patient's weights at our office.

Updated 11.11.10

Center for Bariatric Services

Physician Supervised Weight Loss Visit

Patient name: ______________________________ Date: ____________________

Date of birth: ____________________ Physician: ______________________________

Weight: __________ Height: __________ Blood pressure: __________ Pulse: ________ Temperature: __________

Diagnosis: 1) Obesity (278.01) 2) ______________ 3) ______________ 4) ______________

5) ______________ 6) ______________

Current dietary program (check all that apply):

☐ Low Fat ☐ Weight Watchers ☐ Atkins ☐ South Beach ☐ Thrive ☐ Diabetic diet ☐ Dietitian ☐ Other

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Physical activity/exercise program:

☐ Increased daily physical activity ☐ Target HR 3x/week ☐ Walking ☐ Gym attendance ☐ Other

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Behavioral interventions:

☐ Meeting with dietitian ☐ Food journaling ☐ Support group ☐ fitday.com ☐ realizemysuccess.com ☐ Other

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Consideration or use of pharmacotherapy with FDA approved medication:

☐ Pharmacotherapy contraindicated secondary to medical condition

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Addition comments or recommendations:

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Physician Signature ____

Updated 05.25.11