



Affix Patient Label

Bronson Methodist Hospital
Medical & Surgical Weight Management
601 John Street W308
Kalamazoo, MI 49007
General Information (269) 341-8900
Dietitian (269) 341-8317
Fax (269) 552-5868

Office Use: Encounter Number: _____ Name: _____ Date of Birth: _____

[] Self-Directed [] New LEAF Program [] Bariatric Pre-Surgery Program

[] Bariatric Surgery: [] Adjustable Band [] Roux-en-Y [] Sleeve

[] Assessment, pre-op/post-op consults [] Nutrition Counseling _____ months

Start Date: _____

[] Post Bariatric Surgery Follow-up

Date of Service: _____

Name: _____

Date of Birth: _____

Address: _____

Insurance: _____

Patient's phone number: (Home) _____ (Work) _____ (Cell) _____

Height: _____ Weight: _____ lbs. _____ kg BMI: _____

Diagnosis:

- [] Hypercholesterolemia (Dx code: 272.0) [] Obesity BMI 30+ (Dx code: 278.00)
[] Hyperlipidemia (Dx code: 272.2) [] Obesity BMI 40+ (Dx code: 278.01)
[] Elevated Triglycerides (Dx code: 272.1) [] Type II Diabetes (Dx code: 250.00)
[] Elevated Blood Glucose (Dx code: 790.21) [] Other _____
[] High Blood Pressure (Dx code: 401.9) [] GERD (DX code: 530.81)
[] Dysmetabolic Syndrome (Dx code: 277.7) [] Sleep Apnea (DX code: 327.23)

Comments: _____

Date: _____ Time: _____

Physician Name: _____ Physician Signature: _____

Referral Coordinator: _____ Call Back Number: _____

9003893 (8/11) Intranet

Medical and Surgical Weight Management Referral Form

Adult Use Only