



IS WEIGHT-LOSS SURGERY RIGHT FOR YOU?

Theodore R. Small, M.D., F.A.C.S.

Member of the American Society for Bariatric Surgery

Weight-loss surgery can change your health, and your life. If you are interested in more information about surgery and learning if you qualify for the procedure, please fill out the questionnaire in this packet and submit it to:

West Florida Weight Loss

A Division of Surgical Associates of West Florida

Attention: Patty Tutor

1840 Mease Drive, Suite 301

Safety Harbor, FL 34695

(727) 287-1011, phone

(727) 712-1853, fax

Info@WestFloridaWeightLoss.com

www.WestFloridaWeightLoss.com

PATIENT INFORMATION FORM

** All information is kept confidential. Please answer honestly to ensure the best possible treatment for you. Please complete all pages. **

(Please Print)

Today's Date: _____

PATIENT INFORMATION:

Patient Name: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Height: _____ Weight: _____ BMI: _____

Social Security Number: _____

Sex: ☐ Male ☐ Female

PRIMARY PHYSICIAN INFORMATION:

Primary Care Physician: _____

Phone: _____

Address: _____

REFERRING PHYSICIAN INFORMATION:

Referring Physician: _____

Phone: _____

Address: _____

PRIMARY INSURANCE:

Primary Insurance Carrier: _____

Phone: _____

☐ PPO ☐ POS ☐ HMO ☐ Other _____

Subscriber's Name: _____

Subscriber's Date of Birth: _____

Subscriber's Social Security Number: _____

Subscriber's ID Number: _____

Relationship to Subscriber: _____

ADDITIONAL INFORMATION:

Which type of surgery are you interested in?

☐ Lap Band ☐ Gastric Bypass

Have you attended any bariatric information sessions?

☐ Yes ☐ No

Have you had any previous abdominal surgeries?

☐ Yes ☐ No

Have you been on a diet program for at least six months?

☐ Yes ☐ No

If Yes, has a physician been monitoring your diet program?

☐ Yes ☐ No

Have you contacted your insurance company to see if this procedure is covered?

☐ Yes ☐ No

PAST MEDICAL HISTORY

(Please list all major medical problems)

☐ Diabetes ☐ High Blood Pressure

☐ Heartburn / Reflux ☐ Sleep Apnea

☐ Joint / Back / Arthritis ☐ High Cholesterol

*** Please return this completed form to: ***

West Florida Weight Loss

A Division of Surgical Associates of West Florida

Attention: **Patty Tutor**

1840 Mease Drive, Suite 301

Safety Harbor, FL 34695

(727) 712-3233, phone • (727) 712-1853, fax

Info@WestFloridaWeightLoss.com

www.WestFloridaWeightLoss.com

