

**Referral to Ascension St John Healthy Lifestyles Tulsa  
WEIGHT MANAGEMENT PROGRAM**

Fax to (918) 856-5503

**Patient Information**

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Last Name	First Name	Middle	Date of Birth
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Address	City	State	Zip Code
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Phone	Email		

**Program Orders**

- Bariatric Surgery Program,**  
Includes Medical Nutrition Therapy, exercise, referral to AMG Surgery\*, and Diabetes Education/insulin titration, if indicated  
If BMI > 50, patient will be referred to AMG Bariatrician\*
- Non Surgical Weight Management Program,**  
Includes Medical Nutrition Therapy, exercise, referral to AMG bariatrician\*, Diabetes Education/insulin titration, if indicated
- Renal Transplant Bariatric Bridge Program,**  
Includes Medical Nutrition Therapy, exercise, referral to AMG bariatrician and AMG Surgery\*, Diabetes Education/insulin titration, if indicated

**Diagnosis/Medical Necessity**

- Obesity (BMI  $\geq$  30), E66.9 BMI \_\_\_\_\_ Previous wt loss attempts \_\_\_\_\_
- Overweight (BMI 25-29), E66.3 BMI \_\_\_\_\_

**Barriers to Education**

- Vision  Language \_\_\_\_\_
- Hearing  Physical limitations

**Comorbidities**

- Cardiovascular disease  Sleep Apnea  Dyslipidemia
- Diabetes  Renal disease  COPD
- Other: \_\_\_\_\_

**Current Medications**

**Special Instructions**

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Signature	Group/Practice Name and Phone	Date
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**Printed** Ordering Provider Name: \_\_\_\_\_