



Dear Colleague,

Patient: \_\_\_\_\_, DOB: \_\_\_\_\_ is being seen for consideration of laparoscopic weight loss surgery. From our assessment and in compliance with the National Institute of Health (NIH) criteria this patient meets all basic criteria for consideration, however, at this time the patient's insurance is requiring your patient to undergo \_\_\_\_\_ consecutive months of physician supervised and documented weight loss prior to being eligible for surgical services. While we understand that most patients have a long history of unsuccessful weight loss management for numerous reasons, we must comply with their guidelines.

Enclosed you will find a simple assessment form to be completed on each medical visit. We hope this form will make assessing your patient easier as well as provide consistency in fulfilling the insurance requirements to expedite your patient's surgical needs.

Simply complete the enclosed form and fax back to us at 706-378-8162 each month the patient visits your practice.

If you have any questions or comments, please do not hesitate to contact us.

Sincerely,

Ginger Deems, RN, CBN  
Bariatric Coordinator  
Harbin Clinic Bariatric Center

# Physician Supervised Weight Loss Visit

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Physician: \_\_\_\_\_

WT: \_\_\_\_\_ HT: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ TEMP: \_\_\_\_\_

Diagnosis: 1) \_Obesity (278.01)\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

## Current Dietary Program:

- Low Fat    Weight Watchers    Atkins    South Beach    Thrive    Diabetic Diet  
 Dietitian    Other

## Physical Activity/Exercise Program:

- Increased daily physical activity    Target HR 3x/week    Walking    Gym Attendance    Other

## Behavioral Interventions:

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

## Consideration or use of Pharmacotherapy w/FDA approved medication:

- Pharmacotherapy contraindicated secondary to medical condition

## Addition Comments and/or recommendations:

Signature \_\_\_\_\_