Washington University in St. Louis

SCHOOL OF MEDICINE

Referral for Bariatric Surgery

To: Washington University Bariatric Surgery Program
Fax: 877-991-4780

From:
Physician *Printed* Name: ____ Phone: __________________________

Practice Address: ______________________________________ City/State: ____________________ Zip: ___________

Patient Full Legal Name:		Maiden Name:	Date of Birth: ______/______/______	
Street address:		City:	State:	Zip:
Home:	Cell:	Height: ft_____ in______	Weight:________	BMI:_________
Insurance: ATTACH COPY OF CARD IF POSSIBLE OR DEMOGRAPHIC SHEET		Insurance ID#		
Insurance: ATTACH COPY OF CARD IF POSSIBLE OR DEMOGRAPHIC SHEET		Insurance ID#		

Qualifications for bariatric surgery:

- Be between the ages of 17 – 70 (71+ considered on individual basis)
- Have a body mass index (BMI) of 40 or greater, or
- BMI of 35 or greater with a diagnosis of diabetes, heart disease, high blood pressure or sleep apnea.

Patient has been diagnosed with the following co-morbid conditions; associated with morbid obesity:
(Please check all that apply)

☐ Type 2 diabetes – controlled by oral medications
☐ Type 2 diabetes – controlled by injectable meds
☐ Obstructive sleep apnea
☐ Heart disease
☐ Hypertension
☐ ______________________________________

Patient has tried the following weight loss programs:

☐ Physician directed
☐ Dietician/nutrition directed
☐ Diabetes diet
☐ Other: ____________________________
☐ Low calorie on own
☐ Weight Watchers
☐ Atkins/low carb