



Patient Information Form

Date: _____
Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Mobile Phone _____ E-mail _____
Height _____ Current weight _____ BMI _____

Referred by:

- Self
Friend/family Name: _____
TV Show Name: _____
Radio Name: _____
Patient Name: _____
Primary Care MD Name: _____
Address: _____
Telephone: _____
Other Name: _____

Current Medical Problems:

- Osteoarthritis Depression Sleep apnea Acid reflux/heartburn
Type II Diabetes High blood pressure Heart disease Infertility
Other: _____

Have you ever been on a medically supervised diet? No Yes

Do you have medical insurance?

- No
Yes Insurance Company: _____

Fax to: 520-873-3953

Or Mail to: Carondelet Health Network
Leana Kimzey, RN, Bariatric Program Coordinator
350 N. Wilmot Rd.
Tucson, AZ 85711