



**WEIGHT MANAGEMENT
INSTITUTE ·of· GEORGIA**

***Referral Department
Request***

Date: _____ Office & PCP: _____

Phone: _____ Fax: _____

Patient: _____ Date of Birth: _____

Gender: M / F Height: _____ Weight: _____ BMI (see chart): _____

Insurance Co.: ID#: _____

Referring to Dr. Beasley ID#: REF917127566 Contact Person: _____

Appointment Date & Time: _____

Event/Visit: DX: _____

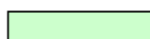
(The patient must have a BMI of 30+ to be treated in our clinic.)

In order for insurance to cover the patient's visit, they must have co-morbidities that can improve with weight loss. Please mark all co-morbidities that apply:

- | | |
|--|---|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Acanthosis Nigricans |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Erectile Dysfunction |
| <input type="checkbox"/> Fatty Liver | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> CHF |
| <input type="checkbox"/> Heartburn/GERD | <input type="checkbox"/> Irregular Periods/PCOS |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Gallbladder Disorder |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> CAD |
| <input type="checkbox"/> Hip Pain | <input type="checkbox"/> Pre-Diabetes |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Plantar fasciitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Chronic Fatigue Syndrome |
| <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> History of Stroke | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> History of MI | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Swelling in feet/legs | <input type="checkbox"/> Vitamin D deficiency |
| <input type="checkbox"/> Other: _____ | |

BMI Chart

		Weight															
		100 lbs	120 lbs	140 lbs	160 lbs	180 lbs	200 lbs	220 lbs	240 lbs	260 lbs	280 lbs	300 lbs	320 lbs	340 lbs	360 lbs	380 lbs	400 lbs
Height	5'0"	19	23	27	31	35	39	43	47	51	55	59	63	67	71	74	78
	5'2"	18	22	25	29	33	36	40	44	48	51	55	57	62	66	70	73
	5'4"	17	20	24	27	31	34	28	41	45	48	52	55	59	62	65	69
	5'6"	16	19	22	25	29	32	36	39	42	45	49	52	55	58	62	65
	5'8"	15	18	21	24	27	30	34	37	40	43	46	49	52	55	58	61
	5'10"	14	17	20	23	25	28	32	35	37	40	43	46	49	52	55	58
	6'0"	13	16	19	21	24	27	30	33	35	38	41	45	46	49	52	54
	6'2"	12	15	18	21	23	25	28	31	33	36	39	41	44	46	49	53
	6'4"	12	14	17	19	21	24	27	29	32	34	37	39	41	44	49	51



Obese (30-39.9)



Morbid Obesity (40+)