Community Health Network

Community Bariatric Services - South
1550 E. County Line Rd. S, Ste. 315
Indianapolis, IN 46227
Phone (317) 887-7771 • Fax (317) 497-2510

Medical and Surgical Weight Loss Referral Form

Date: ___________________

☐ **Medical Weight Loss (Whitney Blakley, MD)**
☐ **Surgical Weight Loss (Steven M. Clark, MD)**

(Complete or fax copy of demographics)
Patient: ______________________________
Street Address: ______________________________
City: ______________ State: ____________ Zip Code: ____________
Home Phone: ____________ Cell #: ____________ Work #: ____________
Email Address: ______________________________
Date of Birth: ____________ Age: ________ SSN#: ______________
Height: ____________ Weight: ____________ BMI: ____________

Referring Physician: ______________________________
Address: ______________________________
City: ______________ State: ____________ Zip Code: ____________
Phone #: ______________ Fax #: ______________
Physician NPI #: ______________________________

(Complete or fax copy of insurance card front and back)
Primary Insurance Company: ______________________________
Name of Insured: ______________________________
Employer: ______________________________
Member ID #: ______________ **Group/Plan #**:______________
Insurance Company Telephone Number: ______________________________

Secondary Insurance Company: ______________________________
Name of Insured: ______________________________
Employer: ______________________________
Member ID #: ______________ **Group/Plan #**:______________
Insurance Company Telephone Number: ______________________________

Office Use ONLY:
First Contact: ____________ Second Contact: ____________ Letter Sent: ____________
Information Seminar Date: ______________________
Surgical Consult: ______________________
Medical Consult: ______________________