

Legacy Weight Management and Bariatric Surgery



Physician Referral Form

Legacy Weight and Diabetes Institute
Good Samaritan Building 2
1040 N.W. 22nd Ave., Suite 520 • Portland, OR 97210
Phone: 503-413-7557 • Fax: 503-413-6547

Referral to:

- Valerie Halpin, M.D. No preference
 Jay Jan, M.D. Nonsurgical weight mgmt.

General information

Last name _____ Legal first name _____ M.I. _____
Address _____ City _____ State _____ Zip _____
Primary phone (home/cell/work) _____ 2nd phone (home/cell/work) _____
Sex Male Female Social Security number _____
Date of birth (mm/dd/yyyy) _____ Height _____ Weight _____ BMI _____
Insurance _____

Reason for referral

Does the patient have any of the following:

- Diabetes Sleep apnea/CPAP Hypertension Other _____
Prior surgical procedure for weight loss? Yes No _____
Please include a recent H & P _____

Insurance information

Primary insurance name	Secondary insurance name
_____	_____
Address _____	Address _____
Policy holder name _____	Policy holder name _____
Group number _____	Group number _____
I.D. number _____	I.D. number _____
Insurance company phone _____	Insurance company phone _____
Employer _____	Employer _____

Please attach a copy of the insurance card, if available.

Additional comments (if any) _____

Referred by _____

Primary care physician _____ Office phone _____

Please fax the completed referral form to 503-413-6547, or call 503-413-7557.