



PHYSICIAN REFERRAL AND ORDERS
BARIATRIC SURGERY PRECONDITIONING AND REHABILITATION

Patient Name: _____ Birthdate: _____

Physician: _____

Diagnoses Pertinent to Bariatric Surgery

- Arthritis/degenerative joint disease, Asthma, Cardiovascular disease, Congestive heart failure, COPD, Depression, Diabetes mellitus type II, Gastroesophageal reflux disease, Hypercholesterolemia, Hyperlipidemia, Hypertension, Lower extremity venous stasis, Morbid obesity, Non-alcoholic steatohepatitis, Polycystic ovarian syndrome, Sleep apnea, Urinary stress incontinence, Other: _____

Orders for Program components include: Exercise Consultation and Medical Nutrition Therapy as required pre-operatively and post-operatively. Tobacco cessation consultation provided as needed. Education and support group offered. Individualized exercise progression is followed unless otherwise stated. Resting Metabolic Expenditure may be done for determination of caloric needs.

It is my opinion that the above named person would be a good candidate for a supervised program.

I am referring this individual to Dr. _____

ARKANSAS:

- Coleman, Christopher - Fort Smith, Eckes, Darryl W. - Fort Smith, Ferrari, Jonathan - Fort Smith, Perna, Mark - Rogers

MISSOURI:

- Chinnappan, Kumaran - Festus/Crystal City, Edwards, Christopher - Springfield, Ginsburg, Gregg - Festus/Crystal City

- Hawver, Lisa Martin - Four Rivers, Liu, Danny - Joplin, Snow, Jay - Festus/Crystal City

Please contact this physician regarding concerns.

Referring Clinician _____

Date _____