



Fresh Start Bariatrics Evaluation Request

I would like to begin the evaluation for weight loss surgery

Please schedule me for an evaluation appointment with Fresh Start Bariatrics at Riverside. (Please allow the entire day.)

NAME First MI Last

Address

City State ZIP

Home phone Work Phone Cell Phone

E-mail address

Place of employment

Spouse's place of employment

Emergency contact name Phone Relationship

Family physician Phone

Referring Physician Phone

Social Security Number

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Marital Status:

Married Single

Divorced Widowed

Date of Birth

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Your estimated weight:

Height:

Primary Insurance Information

Insurance company name Insurance company phone

Insurance company address

Insured name Social Security number

Insured's date of birth Relationship to patient

Group number Insurance I.D. number

Secondary Insurance Information

Insurance company name Insurance company phone

Insurance company address

Insured name Insured's Social Security number

Insured's date of birth Relationship to patient

Group number Insurance I.D. number

Signature Date