REFERRAL FORM

NORTHWEST SPECIALTY HOSPITAL
QUALITY CARE SINCE 2003 | PROUDLY OWNED AND OPERATED BY PHYSICIANS

BARIATRICS

PROVIDER	
❑ Dirks, Derek (MD)	❑ Pennings, John (MD, FACS, FASMBS
❑ Richardson, Cory (MD, FACS, FASMBS)	❑ McBride, Laurie (RD, CSOWM, LD)
❑ Ramsrud, Jennifer (MS, RD, CDCES, LD)	❑ First Available

PATIENT INFORMATION					
NAME					
PHONE		**CELL**			
EMAIL					
MAILING ADDRESS					
NEW PATIENT	❑ YES ❑ NO	**SSN**		**DOB**	
PRIMARY INSURANCE					

REQUESTING CONSULTATION REGARDING
❑ DIETITIAN DIRECTED WEIGHT LOSS PROGRAM
❑ SURGICAL WEIGHT LOSS PROGRAM
❑ REVISION OF PREVIOUS WEIGHT LOSS SURGERY

DIAGNOSIS / CHIEF COMPLAINT		
❑ OBESITY	❑ DYSLIPIDEMIA	❑ GERD
❑ DIABETES	❑ OSTEOARTHRITIS	❑ URINARY INCONTINENCE
❑ SLEEP APNEA	❑ PCOS	❑ CAD
❑ HYPERTENSION	❑ JOINT PAIN	❑ OTHER

SIGNATURE DATE

Please fax any records related to the patient's diagnosis as well as most recent labs and EKG to

(208) 415 - 0150

Bariatrics

Northwest Bariatrics
Derek Dirks, MD
John Pennings, MD, FACS, FASMBS
Cory Richardson, MD, FACS, FASMBS

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