THE QUEEN'S MEDICAL CENTER
COMPREHENSIVE WEIGHT MANAGEMENT PROGRAM

1380 Lusitana Street, POB I, 3rd Floor ▪ Honolulu, Hawaii 96813 ▪ (808) 691-7546 ▪ FAX: (808) 691-7802 ▪ www.queens.org

REFERRAL AND ORDER FORM

Date:_____

Full Name: _____ DOB: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Insurance Provider: _____ Subscriber Number: _____

Primary Care Physician: _____ Referring Physician: _____

Height: _____ Weight: _____ BMI: _____

History of previous weight loss attempts (Circle any that apply): Self-directed diet or exercise, Medications, Meal replacements, structured programs (Weight Watchers, Jenny Craig, ʻEkahi Ornish) or Other: _____

Symptoms and weight related diagnoses (check all that apply)

☐ Diabetes Mellitus	☐ Hypercholesterolemia	☐ Obstructive Sleep Apnea	☐ Lower Extremity Pain
☐ Dyslipidemia	☐ Hyperlipidemia	☐ Chronic Back Pain	☐ Polycystic Ovarian Syndrome
☐ Dyspnea on Exertion	☐ Hypertension	☐ Foot Pain	☐ Pre-Diabetes
☐ Fatty Liver Disease	☐ Hypothyroidism	☐ Hip Pain	☐ Pseudotumor Cerebri
☐ GERD	☐ Metabolic Syndrome	☐ Knee Pain	☐ Psychological Factors

☐ Other _____

********Please attach the most recent clinical note that includes problem list, medications and BMI.*******

This referral/order is valid for 12 months from date signed.

_____ _____
Referring Provider Printed Name Referring Provider Signature

Address: _____ Phone: _____ Fax: _____

I understand that this patient may be evaluated by any of the following providers:
Cedric Lorenzo, MD, Dean Mikami, MD, Riley Kitamura, MD, Reid Sakamoto, MD, Gregory Gatchell, DO, Lisa Garrett, APRN-Rx, Mary Mitsunaga, APRN-Rx, Andie Kida, APRN-Rx, Kelly Coleman, PsyD, Jenifer Fang, RD, Connice Wang, RD, Amy Good, RD, Suong White, RD, Molly Bailey, RD and Tonya Callicoat, RD, and receive services at the Queen's Medical Center Facility.