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, Gregory Gatchell, DO, Lisa Garrett, APRN-Rx, Mary Mitsunaga, APRN-Rx, Kelly Coleman, PsyD, Jocelyn Owan, RD, Haley Golich, RD, Angela Higgins, RD, Molly Bailey, RD, and Angela Wolfenberger RD and receive services at the Queen's Medical Center Facility.