Why Weight, LLC
10268 W. Centennial Rd Ste 204
Littleton, CO 80127

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Why Weight LLC, Rapid Weight Reduction & Bariatric Medicine

PATIENT DEMOGRAPHIC INFORMATION SHEET

Known Allergies (Medication & Other):_____

NAME: _____ Date of Birth: _____
Please Print

Preferred Name: _____ Referred By: _____

Patient Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Mobile: _____

Home Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____ Other: _____

Preferred Pharmacy: _____ Phone number: _____

Address or cross streets: _____

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Primary Care Physician: _____

Primary Care Address: _____

Primary Care Phone: _____

What is the reason for your visit today? _____

_____

Do you feel safe in your living situation? YES NO

Who lives in your home? _____

Who is your greatest support? _____

Family History (Please note if living or deceased and age)

Mother (age): _____ Father (age): _____

Siblings (age of each): _____

_____

Do you have commercial insurance or an HSA? YES NO

If yes please provide the name of your insurance company: _____

Insurance information is solely obtained for purposes of lab specimen processing. We do not otherwise bill insurance but will provide receipts with your payment that can be submitted to your insurance company.

Please note that payment is due at the time of service.

We are required by law to maintain the privacy of, and provide individuals with, the HIPAA notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the HIPAA form please ask to speak with our HIPAA Compliance Officer in person or by phone at our main number.

Your signature below is only acknowledgement that you have received and read this Notice of our Privacy Practices.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Welcome to Why Weight, LLC! We are excited to have you join our practice and look forward to helping you achieve your health and wellness goals.