

**Surgical Weight Loss Specialists  
Intake Form**

**Please Print**

**Patient's Name:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Telephone:** home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

**Age:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel.#:** \_\_\_\_\_

**INSURANCE INFORMATION**

**Insurer:** \_\_\_\_\_

**Subscriber:** \_\_\_\_\_ **Subscriber D.O.B.:** \_\_\_\_\_

I authorize GLASGOW & GLASGOW, LLP/Surgical Weight Loss Specialists to give information to my insurance company. I authorize my insurance company to pay GLASGOW & GLASGOW, LLP/Surgical Weight Loss Specialists directly for the services rendered to me.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PREVIOUS OPERATIONS:**

**MEDICAL PROBLEMS:**

**MEDICINES YOU TAKE:**

**ALLERGIES:**

**ALCOHOL USE:**

**SMOKING:**

**DRUG OR SUBSTANCE ABUSE:**

**ANYTHING SPECIAL ABOUT YOU WE SHOULD KNOW:**

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In order to serve our patients and their families in the best way possible, we would like to take a moment of your time to learn more about what drew you to our practice. It is important to our mission to learn how you heard about us and why you chose us, so we can continue to educate people about the value of weight loss surgery and ensure our patients' satisfaction and happiness.

**How did you hear about us? Please circle the primary source that brought you into our practice.**

**Internet search**

Massweightloss.com (our practice website)

Norwood Hospital/Caritas Site

LapBand.com

LapBandtalk.com

Obesityhelp.com

Other site or web search \_\_\_\_\_

**Patient/Friend Recommended**

**Physician Referral**

**Radio Ad** station \_\_\_\_\_

**Print Ad** publication \_\_\_\_\_

**Media Coverage** publication \_\_\_\_\_

**Brochure**

**Health Fair**

**Other** \_\_\_\_\_

**Comments/Suggestions?**

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