BOSTON MEDICAL CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

THE NUTRITION & WEIGHT MANAGEMENT CENTER

Phone: 617.638.7470 Fax: 617.638.7449

Patient information and managed care approval number needed from Primary Care Physician prior to appointment for managed care specialty patients (including Neighborhood Health Plan, Medicaid Managed Care, Tufts, Harvard Pilgrim, Blue Cross Blue Shield & other managed care/HMO insurance plans). ***Approvals can be faxed directly to the Nutrition and Weight Management Center Program/Clinical Coordinator at 617.638.7449.***

Date of Submission: _____

Name & phone number of person completing this form: _____

I. PRIMARY CARE INFORMATION

Name of Primary Care Physician: Primary Care Site:	Address:	Phone #: Fax #: Pager #: E-mail:

II. PATIENT INFORMATION

First Name:	Last Name:	Date of Birth:	☐ Male ☐ Female	
Street Address:	Apt. #:	City:	State:	Zip Code:
Home Phone # (including area code):	Other Phone #:	Social Security # (if available):	BMC Medical Record # (if available):	
		Primary language of patient: _____ Interpreter Needed: Yes _____ No _____		

III. REASON FOR APPOINTMENT ****THIS SECTION MUST BE COMPLETED****

Weight: _____ Height:_____ Body Mass Index (kg/m^2): _____ Abnormal Labs: _____

*Date measured:*_____ Waist Circumference:_____ _____

_____

Current Medications: _____ _____

Diagnosis: _____ Co-Morbid Condition(s): ☐ Lipid Disorder ☐ Hypertension ☐ GI Disorder

☐ Diabetes mellitus ☐ Insulin resistance ☐ Other:_____

☐ Sleep apnea ☐ Other endocrine _____

Please indicate your impression of this patient's readiness (willingness) to make changes in his/her diet and physical activity by checking the box below:

	Precontemplation	Contemplation	Preparation	Action	Maintenance	Relapse
Diet						
Physical Activity						

Definitions:

Precontemplation	Patient is unaware of the problem, is unwilling or discouraged when it comes to changing the problem
Contemplation:	Patient recognizes that a problem exists but is ambivalent regarding making a change
Preparation:	Patient is committed to making a change in the near future and is on the verge of taking action; trying to gather information
Action:	Patient is actively involved in taking steps to change behavior
Maintenance	Patient is working to consolidate gains attained and maybe struggling to prevent relapse
Relapse/Recycle	Patient has returned to problem behavior

IV. INSURANCE / MANAGED CARE

Managed Care Contact at Primary Care Site Name:	Phone:	Fax:
Patient's Insurance Type:	Patient's Insurance Policy #:	Phone Number for Insurance Agency:
Name of Subscriber/Guarantor for insurance (name of person who is responsible for the insurance): *If available, please provide the Social Security # or Date of Birth for subscriber/guarantor:*		

V. AUTHORIZATION

Authorization Number:	Date of Authorization:	# Of Visits Authorized: