WEST FLORIDA
WEIGHT LOSS
A Division of Surgical Associates of West Florida

IS WEIGHT-LOSS SURGERY RIGHT FOR YOU?

Theodore R. Small, M.D., F.A.C.S.

Member of the American Society for Bariatric Surgery

Weight-loss surgery can change your health, and your life. If you are interested in more information about surgery and learning if you qualify for the procedure, please fill out the questionnaire in this packet and submit it to:

West Florida Weight Loss

A Division of Surgical Associates of West Florida

Attention: Leanne Henderson

1840 Mease Drive, Suite 301

Safety Harbor, FL 34695

(727) -712-3233 x 1031, phone

(727) 287-1020, fax

Info@WestFloridaWeightLoss.com

www.WestFloridaWeightLoss.com

PATIENT INFORMATION FORM

** All information is kept confidential. Please answer honestly to ensure the best possible treatment for you. Please complete all pages. **

(Please Print) Today's Date:_____

PATIENT INFORMATION:

Patient Name: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Height: _____ Weight: _____ BMI: _____

Social Security Number: _____

Sex: ❑ Male ❑ Female

PRIMARY PHYSICIAN INFORMATION:

Primary Care Physician: _____

Phone: _____

Address: _____

_____

REFERRING PHYSICIAN INFORMATION:

Referring Physician: _____

Phone: _____

Address: _____

_____

PRIMARY INSURANCE:

Primary Insurance Carrier: _____

Phone: _____

❑ PPO ❑ POS ❑ HMO ❑ Other _____

Subscriber's Name: _____

Subscriber's Date of Birth: _____

Subscriber's Social Security Number: _____

Subscriber's ID Number _____

Relationship to Subscriber: _____

ADDITIONAL INFORMATION:

Which type of surgery are you interested in?

❑ Gastric Bypass ❑ Sleeve

Have you attended any bariatric information sessions?

❑ Yes ❑ No

Have you had any previous abdominal surgeries?

❑ Yes ❑ No

Have you been on a diet program for at least six months?

❑ Yes ❑ No

If Yes, has a physician been monitoring your diet program?

❑ Yes ❑ No

Have you contacted your insurance company to see if this procedure is covered?

❑ Yes ❑ No

PAST MEDICAL HISTORY

(Please list all major medical problems)

❑ Diabetes ❑ High Blood Pressure

❑ Heartburn / Reflux ❑ Sleep Apnea

❑ Joint / Back / Arthritis ❑ High Cholesterol

*** *Please return this completed form to:* ***

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Surgical Associates of West Florida

General, Vascular, Thoracic, Oncologic and Endocrine Surgery
Laparoscopy and Gastrointestinal Endoscopy
Colorectal Surgery

David G. Berry, M.D. Robert S. Davidson, M.D. Robert T. Roth, M.D. Rick J. Schmidt, M.D. Theodore R. Small, M.D. Mark A. Zuzga, D.O.

Communication Release Form

Patient Name (Printed) _____

In regards to my protected health information, I authorize SAWF to:
Check all that apply:

☐ Call me at work. Phone #_____

☐ Call me at home and leave message on voice mail. Phone # _____

☐ Call my cell phone and leave voice mail. Phone # _____

☐ Send message to my e-mail. E-mail address _____

☐ Speak to the following family member(s) or friend(s):

Name _____ Phone # _____

Name _____ Phone # _____

Name_____ Phone # _____

The above information can be changed at any time in writing by sending a letter to:

Surgical Associates of West Florida
1840 Mease Drive, Suite 301
Safety Harbor, FL 34695

Patient Signature _____ Date_____

430 Morton Plant Street, Suite 301
Clearwater, FL 33756
(727) 712-3233
Fax: (727) 712-1853

1840 Mease Drive, Suite 301
Safety Harbor, FL 34695
(727) 712-3233
Fax: (727) 712-1853

646 Virginia Street, Suite 201
Dunedin, FL 34698
(727) 712-3233
Fax: (727) 712-1853

2102 Trinity Oaks Boulevard, Suite 204
New Port Richey, FL 34655
(727) 712-3233
Fax: (727) 712-1853

email: info@westfloridasurgery.com

BARIATRIC PROGRAM FEE

Please note: the bariatric program fee for **insurance** patients is $500. This fee is not covered by insurance. These funds are used for various administrative functions.

I understand that this fee is to be paid prior to the date of my surgery. $200 is due at the time of the pre-surgical consultation is non-refundable. $300 is due at the pre-operative appointment prior to surgery.

If West Florida Weight Loss is not able to get your surgery pre-authorized and you do not have surgery, $300 of the fee is refundable. If you decide at any point to self-pay for your procedure, the entire amount paid will be applied to your total price.

West Florida Weight Loss accepts Cash, Checks, Money Orders, Visa, Master Card and Discover.

Patient's Name (Please print)	Patient's signature	Date

MISSED APPOINTMENT AND CANCELLATION POLICY

While we understand that unplanned issues arise for everyone, we respectfully request than you cancel your scheduled appointment by phone at least **24 hours in advance** to allow the slot to be filled with someone else who needs an appointment.

For you convenience, our main office telephone number is 727-712-3233. It has voicemail service during the hours our office is closed. You may cancel an appointment anytime by leaving a message on the voicemail, but you must speak to a member of our team to reschedule an appointment.

If you do not cancel your appointment at least **24 hours** in advance, you will be assessed a $50.00 missed appointment fee. This fee is not covered by insurance carriers or Medicare and will be your responsibility to pay before or at the time of your next visit. Our aim is to open otherwise unused appointments for our patients, not to collect missed appointment fees. Your cooperation and consideration are appreciated.

Patient's Name (Please print)	Patient's signature	Date