



Florida Bariatric Centers

Brandon Regional Hospital | Largo Medical Center
Memorial Hospital of Tampa | Palms of Pasadena Hospital

Patient Information:

Last Name, First, Middle Initial			Employer's Name		
Height / Weight			Occupation Full Time Part Time Unemployed Student Homemaker		
Date of Birth	Sex M F	Marital Status M D S W	Work Phone		
Street Address			Emergency Contact: Relationship		
City	State	Zip Code	Emergency Contact Phone		
Home Phone	Cell Phone		Home Email:		
Completing contact information above gives us permission to utilize as a means to contact you. If you do not wish us to use any of the above, please leave blank					
May we leave a message on voice mails? Yes No					

Insurance Information: (if you are going to "Self Pay" check here and skip this section)

Primary Insurance		Secondary Insurance	
Customer Service Phone Number		Customer Service Phone Number	
Policy or ID Number		Policy or ID Number	
Group Number		Group Number	
Subscribers Name	Relationship To Patient	Subscribers Name	Relationship To Patient
Subscribers Date Of Birth		Subscribers Date Of Birth	

Please list your primary care physician and any other physician who may have referred you to us:

Primary Care Physician

Name	Address	Phone Number
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Other

Which Surgery do you want? (Circle One) Gastric Bypass Gastric Band Sleeve Gastrectomy Revision	Which Surgeon do you want to perform your surgery? <input type="checkbox"/> Dr. Ache <input type="checkbox"/> Dr. DiCicco <input type="checkbox"/> Dr. Grossbard <input type="checkbox"/> Dr. Rehnke <input type="checkbox"/> Dr. Aguila <input type="checkbox"/> Dr. Dietrick <input type="checkbox"/> Dr. Huguet <input type="checkbox"/> Dr. Tas <input type="checkbox"/> Dr. Chavda <input type="checkbox"/> Dr. Fernandez <input type="checkbox"/> Dr. Jessee <input type="checkbox"/> Dr. Chebli <input type="checkbox"/> Dr. Gordon <input type="checkbox"/> Dr. Krishnaraj
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Have you had any other surgical procedures for weight-loss? _____ Yes _____ No

Date Seminar Attended: _____

If one of our patients referred you, please share their name with us: _____

How did you hear about us?



Former Patient Friend Internet TV Radio
 Newspaper Hospital Dr. Office Other: _____

I understand that physicians providing medical/surgical services are not agents or employees of the hospital, but to the contrary, are independent medical practitioners exercising independent medical judgments at facilities provided by the hospital. This includes but is not limited to: the emergency department, physicians and physician assistants, the anesthesiologists, the radiologists, the pathologists, and the physician's on-call to the emergency department to render specialty services.

Patient Signature of Acknowledgement

Date