

Johns Hopkins
Healthful Eating, Activity, & Weight Program
New Patient Referral

Referring Physician:	Patient name:
Date of request:	Date of birth:
	J.H. Medical Record #:

Service requested:

- Consultation with obesity medicine specialist physician**
Comprehensive evaluation for evidence-based management of obesity and related conditions
Please provide any recent laboratory results that you feel are relevant to the patient's care.

Please briefly describe the reason for referral (check all that apply):

- Obesity or weight management
- Prediabetes or type 2 diabetes mellitus
- Hypertension or pre-hypertension
- NAFLD
- Women's health condition (specify):
- | | | | |
|-------------------------------|------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> PCOS | <input type="checkbox"/> Menopause | <input type="checkbox"/> Infertility | <input type="checkbox"/> Lipedema |
|-------------------------------|------------------------------------|--------------------------------------|-----------------------------------|
- Perioperative care for bariatric procedures
- Other – please specify:
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For appointment scheduling: please call (410)616-7420, fax (410)616-7421