SIH New Life Weight Loss

Patient Demographic Information

Date

Name

Age | Date of Birth | Social Security # | ☐ Male ■ Female

Ethnicity ☐ African American ☐ Arabic ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

Contact information *Check box next to phone numbers where messages can be left.*

☐ Home Phone | ☐ Cell Phone | ☐ Work Phone

Address | City/State/Zip

Email

Height | Weight | BMI *Please be as accurate as possible to prevent any delays in meeting your needs.*

I am interested in having ☐ Gastric Bypass Surgery ☐ Sleeve Gastrectomy ☐ Loop DS ☐ General

Have you had a previous bariatric procedure ☐ Yes ■ No

Have you previously watched an Information Session with New Life Weight Loss? ☐ Yes ■ No | If yes, when?

How did you hear about us? (Please check all that apply)

☐ Friend Referral ☐ Television Ad ☐ Print Ad ☐ Online Search ☐ Radio Ad ☐ Facebook Ad

☐ Physician Referral | ☐ Other

Primary Care Physician and/or Referring Physician

Occupation | Employer

Insurance *If you plan on receiving assistance from your insurance company, please provide the following information.*

Insurance Provider | Insurance Provider Phone #

Policy # | Name of Insured | Date of Birth of Insured

Locate and complete the AUTHORIZATION FOR RELEASE OF INSURANCE INFORMATION form located in your packet.

Signature X _____

sih.net/newlife
618.988.6171
317 S. 14th St. | Herrin, IL 62948