



4042

**DIABETES LifeCare CONSULT  
FOR SURGICAL WEIGHT LOSS PATIENTS**

85 Jefferson Street, (Room 113), Hartford, CT 06102 • Office: 860-545-3526; Fax: 860-545-3184

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female Height \_\_\_ Weight \_\_\_ BMI \_\_\_

\* Primary Care Physician: \_\_\_\_\_

**\* DIAGNOSIS:**

Obesity 278.00  Morbid Obesity 278.01

Type 2 250.\_\_\_\_  Other: \_\_\_\_\_

**Co-morbidities/Complications:**

Hypertension  CAD  Hyperlipidemia

CKD stage:\_\_\_\_  Other : \_\_\_\_\_

**Non-Diabetes Medications:**

\_\_\_\_\_  
\_\_\_\_\_

**Diabetes Medications:**

\_\_\_\_\_  
\_\_\_\_\_

Currently Monitoring Blood Glucose  Yes  No

I recommend that the Diabetes LifeCare evaluate and choose the plan of care for my surgical weight loss patient.

Pre-OP

Post-OP

\* Check Referring Provider Name:

Dr Tishler

Dr Papasavas

Phone number: 860-246-2071

Fax Number: 860-633-2466

*This referral is for peri-operative evaluation, education and diabetes management for surgical weight loss patients, including short-term post-operative management if indicated.*

Other Information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\* Referring Provider Signature:

\_\_\_\_\_  
\* Date

\_\_\_\_\_  
Time: