



# Florida Bariatric Centers

Largo Medical Center | Palms of Pasadena Hospital

FAX FORM TO: 727-341-7058 or

E-MAIL TO: Susan.Kay@HCAhealthcare.com

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
Other		

Which option are you interested in? (Circle One)		Which doctor?	
Gastric Bypass	Orbera Gastric Balloon	<input type="checkbox"/> Dr. Abby - Obesity Medical Management	
Gastric Band	Obesity Medical Management	<input type="checkbox"/> Dr. Gordon - Largo Medical Center	
Sleeve Gastrectomy		<input type="checkbox"/> Dr. Huguet - Palms of Pasadena Hospital	
Revision / Overstitch		<input type="checkbox"/> Dr. Jessee - Largo Medical Center & Palms of Pasadena Hospital	
		<input type="checkbox"/> Dr. Prebish - Largo Medical Center & Palms of Pasadena	

Have you had any other surgical procedures for weight-loss? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date seminar attended: \_\_\_\_\_ or date webinar completed on line: \_\_\_\_\_

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