Jonathan D. Parker D.O. , M.S., FAAFP
Diplomate, American Board of Obesity Medicine

PARKER
MEDICAL WEIGHT LOSS
AND METABOLIC HEALTH

Kelly Britnell CRNP | **Jordan Weaver** CRNP | **Brian Davenport** CRNP | **Lindsey Moore** CRNP

PHYSICIAN OFFICE REFERRAL

REFERRING MD/DO/NP/PA: _____

Phone: _____ Fax: _____

DEMOGRAPHIC INFORMATION

Patient Name: _____ DOB: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell: _____

Work Phone: _____ Social Security No.: _____

Insurance Carrier: _____

Policy No.: _____ Referral No.: _____

Group No.: _____

Referral Note :

_____

_____

_____

CO-MORBIDITIES/ASSOCIATED DX

☐ NAFLD/Fatty Liver ☐ Metabolic Syndrome ☐ Type II DM ☐ Type I DM ☐ Insulin Pump ☐ HTN

☐ Osteoarthritis/LBP/Chronic Pain ☐ Hypothyroidism ☐ PCOS ☐ Dyslipidemia ☐ CAD ☐ PAD

☐ Chronic Edema/Venous Stasis ☐ Lipomatosis/Lipoedema

☐ Binge-Eating Disorder ☐ Night-Eating Syndrome ☐ Atypical Eating Disorder

Other :

_____

Please fax all office notes/results/patient records with this form

Main Office: 2410 Avalon Ave Muscle Shoals, AL 35661. | **Tuscumbia Office:** 218 East 5th Street, Tuscumbia, AL 35674.
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