



775 Poplar Road, Suite 350; Newnan, Georgia 30265
Phone: 770-251-5597

PATIENT REGISTRATION FORM

(Please Fill Out Completely and Clearly)

****PLEASE PRESENT YOUR PHOTO ID TO COPY FOR OUR RECORDS****

Date: _____ SS# _____

Name: _____ Preferred Name: _____
(Legal Last Name) (Legal First Name) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: M F Date of Birth: _____ Age: _____ Single Married Divorced Separated Widowed

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Preferred Contact Number: Home Mobile Work Time of Day: Morning Afternoon

Can we leave a message? Yes No Email Address: _____

Race: American Indian/Alaska Native Asian Black/African American White/Caucasian Nat Hawaiian/Pacific Islander

Other Race: _____ Unknown Decline to Answer Primary Language: _____

Patient Employed By: _____ Occupation: _____

Business Address: _____ City/State/Zip: _____

If married, spouse's name: _____ Date of Birth: _____

Emergency Contact NOT living with you: _____ Phone Number: _____

Referring Physician's Name: _____ Phone Number: _____

How did you hear about our practice? _____

Current weight: _____ Weight 1 year ago: _____ Height: _____

Minimum adult weight: _____ At age: _____ Maximum adult weight: _____ At age: _____

Do you exercise? Yes No If yes, what kind? _____

How often per week? 1-2 days 3-4 days 5-7 days

How long per day? 10-20 min 20-30 min 30-60 min

Have you been on a diet before? Yes No

If yes, please specify which diet(s) and why you think it did not work for you. _____

Are you interested in Bariatric Surgery? Yes No

Health and Wellness Program Information

Total Weight Loss Centers is a unique and comprehensive doctor supervised weight loss program designed on evidence based medicine and expert opinion. It was created to help YOU lose weight. As healthcare professionals, we see the consequences of obesity everyday. Many overweight patients suffer from joint and back pain, coronary artery disease, hypertension, sleep apnea, gastro-esophageal reflux disease, diabetes, and urinary incontinence. All of these conditions are potentially reversible with weight loss.

Unlike our competitors, we focus on all of the factors that can contribute to weight gain. More importantly, we will help identify the reasons for your weight gain and educate you on how to be able to keep the pounds off. We understand that each and every person is different and that there is not ONE approach to losing weight that works for everyone. Our doctors will design an individual weight loss program just for you. We will implement a treatment plan that is based on your individual needs that will include nutritional strategies, meal replacements, exercise plans, behavioral change, as well as weight loss medications and bariatric surgery options if needed.

Financial and Program Policy

The following sets forth the general Financial and Program Policy of Total Weight Loss Centers, Inc. Please review, initial each line and sign where indicated below:

TERMS:

___ NO CHECKS, Cash or Credit Card ONLY!

___ VISIT FEES: Effective January 2018

Initial Visit - \$90.00, an initial visit is for any new patient or a patient that has NOT been seen in the office in the past 90 days.

Follow-Up Visit - \$50.00, a follow-up visit is for any patient that HAS been seen in the office in the past 90 days.

Lipotropic Injection Upgrade - \$25.00 per injection, a lipotropic injection upgrade is for any patient that receives a lipotropic injection DURING their initial visit or follow-up visits.

Lipotropic Injection Only Visit* - \$30.00 per injection visit; *must be an established patient

B-12 Injection Only Visit* - \$20.00 per injection visit; *must be an established patient

___ If your **BMI is greater than 30 OR greater than 27 with one co-morbidity** (diabetes, hypertension, hypercholesterolemia, reflux, or arthritis), then a weight loss prescription **MAY** be an option for you.

___ If your **BMI is below 27**, a weight loss prescription will **NOT** be an option. Our providers will suggest other options for weight loss.

___ Once your **BMI is at or below 27**, our providers will start weaning you off the weight loss prescription.

___ After you have been on our weight loss program for 3 months, if 3-5% body weight is not lost with an appetite suppressant, our providers will suggest other options for weight loss.

___ There will be **NO** replacement of prescriptions that are lost or stolen.

___ I understand that it is **my responsibility** to provide the office of Total Weight Loss Centers, Inc. with current contact and payment information at the time of check in.

___ I understand that some medications that may be prescribed to me are controlled substances, and therefore my name and date of birth will be searched on the Georgia Prescription Drug Monitoring Program website. This is to ensure that I am not receiving multiple prescriptions from another provider source or other medications that may interact with the prescription provided to me.

___ There will be **NO** refunds given if you **DO NOT** qualify for a weight loss prescription or **DO NOT** achieve your monthly weight goal.

___ If you are unable to keep your appointment, we kindly ask that you give an **24 hour notice**. We reserve the right to charge a \$25.00 broken appointment fee for same day cancellations and no shows.

My signature below confirms that I have read and understand the financial and program policy of Total Weight Loss Centers, Inc. I also understand that prices are subject to change without prior notice.

Signature: _____ Date: _____