BRIGHAM AND WOMEN'S HOSPITAL

Center for Metabolic and Bariatric Surgery

Bariatric Surgery Referral
Brigham and Women's Center for Metabolic and Bariatric Surgery (CMBS)

PATIENT INTAKE		
	PATIENT: ____________________ E-MAIL: ____________________	
	ADDRESS : ____	
	PHONE : ____________________ MRN: ____________________	
	INSURANCE : ____________________ PCP: ____________________	
	REFERRING MD: ____	
	WEIGHT: ________ HEIGHT: ________ BMI: ______	
	PRIOR WEIGHT LOSS SURGERY: ☐ YES ☐ NO	
	SURGICAL PROCEDURE	☐ Gastric Bypass ☐ Lap Band ☐ Sleeve Gastrectomy ☐ Revision ☐ Conversion ☐ Other:
	Does this patient want to be contacted by CMBS staff? ☐ YES ☐ NO	

Please Send Referrals to our New Patient Coordinator:
Phone: 617-732-8500, ext 1
Fax: 617-734-0336
E-mail: weightlosssurgery@partners.org