WILLAMETTE VALLEY
WEIGHT LOSS CENTER

McMinnville Surgical Associates
254 NE Norton Lane
McMinnville, Or 97128
P: 503-434-6060
F: 503-435-6463

Name: ___________________________________ Date of Birth: ______________

Mailing Address: ____

Apartment Number: ____

City/State/Zip:____

Phone #:_______________________ Alternate Phone #________________

Email:______________________________________

Height: ______________

Weight: ______________

Diabetic: ☐ YES ☐ NO

☐ Medication? ____

Smoking Status: ☐ Never ☐ Current

☐ Former Stop date: _______________

Comorbidities: ☐ High Blood Pressure ☐ High Cholesterol ☐ Sleep Apnea

☐ Other: ____

How did you hear about our program? (Please list specific providers so we can thank them for the referral)

____ Friend ____ Newspaper Ad

____ Family Member ____ Call to McMinnville Surgical Associates

____ Doctor _____________ Other ______________________________

Primary Insurance

Insurance Company ____

Id # ___________________________________Group # ________________________

Address: ____

Phone # _________________________________

Card Holder: __________________________ Card holder date of birth: ____________

Secondary Insurance

Insurance Company ____

Id # ___________________________________Group #________________________

Address: ____

Phone # _________________________________

Card holder: ___________________________ Card holder date of birth: ____________

For questions regarding insurance coverage, please call Kendy at 503-434-6060.

I hereby give consent to **McMinnville Surgical Associates** to contact my insurance provider on my behalf to inquire about bariatric surgery requirements.

____ ____________

Signature Date