

7813 Youree Drive | Shreveport, LA 71105 | Phone: 318-212-2929 | FAX: 318-212-3790

Metabolic Disease Obesity Clinic

**MDOC Program Referral**

*A Specialized Multidisciplinary Program with Behavior, Lifestyle, and Medical Management*

**Maurie Patterson, MD, ABIM, ABOM • Crystal McDaniel, FNP-C • Bianca Jones, RD, LDN**

**Referring PCP**

Primary Care Provider Name: \_\_\_\_\_

PCP Office Address: \_\_\_\_\_

PCP Phone: \_\_\_\_\_ PCP FAX: \_\_\_\_\_

Signature of PCP: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Information (copy of insurance card)

**Clinical Information**

BMI  $\geq$  30

BMI  $\geq$  25 with comorbidities

**Check all that apply:**

Anxiety

Joint Pain

Cancer

Obstructive Sleep Apnea

Coronary Artery Disease

PCOS

Depression

Pre-Diabetes

Diabetes, Type 2

Pseudotumor Cerebri

Dyslipidemia

Urinary Incontinence

Fatty Liver

Vitamin D Deficiency

Hypertension

Other

Insulin Resistance

Required Labs: 8 hour Fasting Lipid Profile, 8 hour fasting CMP, HgbA1C, TSH, Vit. D, and Insulin level

**Please fax all relevant clinical documents (clinic notes, medication history, growth charts, labs diagnostic reports and a copy of the insurance card).**