



Medical Metabolic Specialists

Healthy Weight * Healthy Life

Consultation Request Form

Return by fax to 877-489-6002

Patient Name: _____ DOB:

Patient Phone: _____

Please see the above patient in consultation for obesity screening and counseling and lifestyle modification to improve medical outcomes.

Referring Physician Signature:

Referring Physician Name:

Referring Physician Phone: _____ Fax:

All patients are required to continue active engagement with their primary physician.

Please attach any pertinent health history you would like to share.

Do not hesitate to call with questions.

1939 Wilmington Drive, Suite 102 | Fort Collins, CO 80528 | T: (970) 980-6024 F:
(877) 489-6002