Houston Methodist Weight Management Center provides four services to address risk factors through dietary and behavioral modifications. Accepted diagnosis and referral codes are listed on back.

WEIGHT LOSS PROGRAMS
Medical Weight Management and StepLITE programs help establish healthy eating habits, lifestyle changes and increased physical activity.

- Weekly check-ins
- Weight loss of 2-5 pounds per week
- Meal replacement options
- Lifestyle modification classes led by dietitians, mental health and exercise professionals

Physician referral is not required. Patients should attend an in-person orientation in order to get started with a weight loss program. Register online at houstonmethodist.org/weight-management or by calling 832.667.5673.

DIABETES EDUCATION
Recognized by the American Diabetes Association, our programs focus on personalized treatment plans that help patients with diabetes manage their disease and improve their health:

- Group and individual education
- Prediabetes, type 1, type 2 and gestational diabetes

MEDICAL NUTRITION THERAPY
Individual or group session with a registered dietitian. Please include all pertinent diagnoses for optimal insurance coverage. Session includes:

- Nutrition assessment
- Nutrition education
- Patient-centered goals
- Individualized nutrition recommendations

TWO WAYS TO REFER

EPIC
Ambulatory referral to Houston Methodist Weight Management Center (nonsurgical weight loss programs)

- Diabetes Education (REF398)
- Medical Nutrition Therapy (REF399)

Ambulatory referral to Houston Methodist weight loss (bariatric) surgery

- General Surgery (REF27); denote specific surgeon

FAX
- Download "Physician Referral Form" at houstonmethodist.org/weight-management
- Fax the referral order form to 713.790.6366

WEIGHT LOSS SURGERY
For patients with a body mass index (BMI) between 35-40 and a life-threatening comorbidity (diabetes, high blood pressure, heart problems, sleep apnea or reflux disease), or a BMI greater than 40.

- Sleeve gastrectomy, roux-en-Y, revisions
- Pre- and postsurgery programs
- Six out of seven Houston Methodist locations are accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
1. REF399 OR REF398
   When placing an order, type “REF399 or REF398” in order to bring up the correct referral

2. DIAGNOSIS
   Diagnoses depict treatment. Primary diagnosis is what you would like the patient to improve upon through dietary intervention

- OBESITY
  REF399
  - Weight loss (patient wants to lose weight)
  - Overweight
  - High BMI
  - Morbidly obese
  - Fatty liver
  - Steatohepatitis
  - Elevated liver enzymes
  - Thyroid disorders needing weight loss consult

  Please indicate obesity (E66) as the primary diagnosis for optimal insurance coverage. Additional diagnoses are recommended for optimal treatment and insurance coverage.

- CARDIOVASCULAR DISEASE
  REF399
  - High cholesterol
  - High triglycerides
  - Hypertension
  - Hyperlipidemia
  - Dyslipidemia
  - Congestive heart failure

- DIABETES (Pre, Type 1/2, Gestational)
  REF398
  - Type 1
  - Type 2
  - Gestational diabetes mellitus (GDM)
  - Prediabetes
  - Impaired glucose
  - Metabolic syndrome
  - Gastroparesis

- RENAL / KIDNEY DISEASE
  REF399
  - Chronic or acute
  - Dialysis
  - End stage
  - Low protein, sodium, potassium or phosphorus

- GASTROINTESTINAL DISORDERS
  REF399
  - Irritable bowel syndrome
  - Inflammatory bowel disease
  - Crohn’s disease
  - Celiac disease or gluten free
  - Ulcerative colitis
  - Fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAP) diets
PREFERRED LOCATION & DEMOGRAPHICS

- Med Center
- Sugar Land
- West Houston
- Willowbrook
- The Woodlands
- Baytown
- Clear Lake

SCHEDULING PHONE/FAX: 713-441-5975 | FAX: 713-790-6366

<table>
<thead>
<tr>
<th>PATIENT’S NAME</th>
<th>DATE OF REFERRAL</th>
<th>DOB</th>
<th>SEX</th>
<th>M</th>
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<tr>
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<td>ALT PHONE</td>
<td>PATIENT ADDRESS</td>
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PATIENT INSURANCE

COMPLETE ALL PERTINENT DIAGNOSIS ICD 10 CODES

- Type 1 Diabetes: E10._____ Obesity: E66._____ Thyroid: ___.
- Type 2 Diabetes: E11._____ Metabolic Syndrome: E88._____ GI: ___.
- Other Diabetes: E13._____ Hypertension: I10._____ Liver: ___.
- Impaired/Abnormal Glucose: R73._____ High Cholesterol: E78._____ Cancer: ___.
- Gestational Diabetes: O24._____ Renal: N18._____ Other: ___.

*DIABETES EDUCATION: Complete Entire Section Below if Referring for Diabetes Self-Management Education (DSME)

1. Check type of services needed and number of hours requested:
   - Initial Comprehensive Diabetes Ed - up to 10 hrs and all 9 ADA core topics
   - Follow-Up Education – up to 2 hrs
   - Specific topics and hours if needs vary from above: _________________________________________

2. Indicate any special needs requiring Individual or Customized Education:
   - Language
   - Vision/Hearing/Physical
   - Insulin Training
   - Recent Organ Transplant
   - Carb to Insulin Ratio Ed
   - Pump Overview
   - Other: _________________________________________

With my signature below, I hereby certify that I am managing this patient’s diabetes condition and that the above prescribed training is a necessary part of management.

*MEDICAL NUTRITION THERAPY (MNT) & INTENSIVE BEHAVIORAL THERAPY (IBT)

Check type of service(s) requested:
   - Nutrition Consultation (IBT/MNT per dietitians discretion)
   - Weight Loss Programs

LABS

Attach recent lab work and progress notes.

REFERRING PHYSICIANS

Additional Instructions

Physician’s Name & Address: ____________________________
Physician NPI: ____________________________

Contact for Questions:
- Contact Name: ____________________________
- Phone No. ____________________________
- Fax No. ____________________________

Physician’s Signature: ____________________________
Date/Time: ____________________________