

Medical Consultation Form

Patient Sticker

Date of consultation: _____

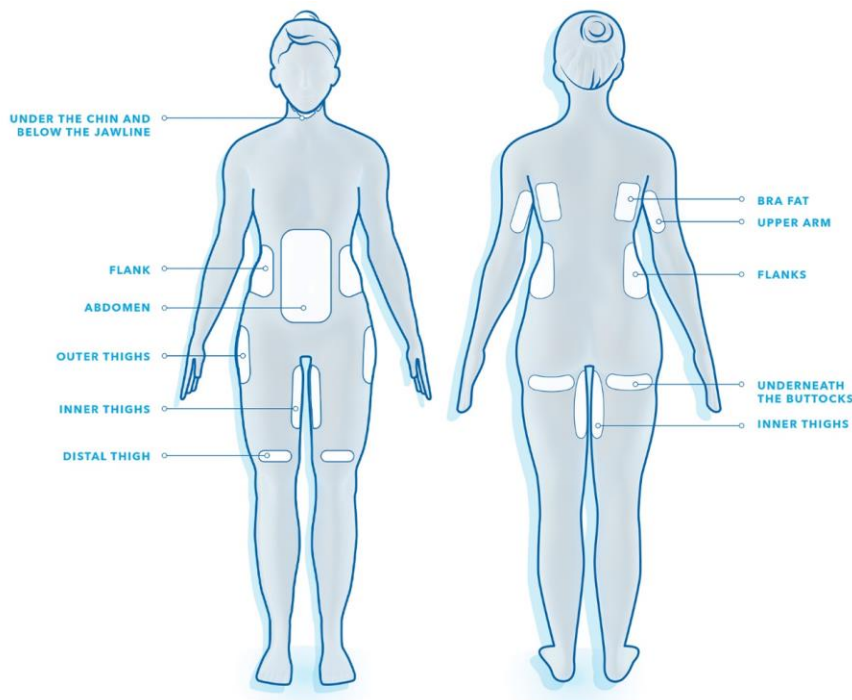
Provider: _____

Height: _____ Weight: _____

Waist Circumference: _____

Focused / Relevant Medical History (see Patient Intake Form otherwise):

Treatment plan:



Checklist:

- True height and weight / waist circumference, recorded above
- Patient Informed Consent and Intake Form completed and uploaded
- Quote and Plan sheet copied and uploaded to chart, but also provided to patient
- Patient aware of next steps