



“The Power to P.L.A.Y.”  
Promotion Lean and Active Youth...  
A Medical Weight Loss Revolution for Children  
Ph: (310) 289-8242 Fax: (310) 289-8248

**YOU MAY CALL THE NUMBER OR FAX IN THIS FORM.**

**Please also request an Initial Consultation, 99245, directly from the patients insurance.**

Now Available for Adults!

\*Please Check appropriate diagnosis box

Child's Name \_\_\_\_\_  
Child's Age and Date of Birth \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Type of Insurance: Health Plan/IPA/ID# \_\_\_\_\_

Diagnosis	ICD-9
<input type="checkbox"/> Abnormal Weight Gain	783.1
<input type="checkbox"/> Acanthosis Nigrans	701.2
<input type="checkbox"/> Asthma	493.9
<input type="checkbox"/> Back Pain	724.6
<input type="checkbox"/> DM Type 1	250.03
<input type="checkbox"/> DM Type 2	250.03
<input type="checkbox"/> Eating Disorder	307.50
<input type="checkbox"/> Elevated Blood Pressure	796.20
<input type="checkbox"/> Family History of DM	V18.0
<input type="checkbox"/> Gynecomastia	611.1
<input type="checkbox"/> Hidden Penis	752.65
<input type="checkbox"/> Hyperinsulinism	251.1
<input type="checkbox"/> Hyperlipidemia	272.4
<input type="checkbox"/> Morbid Obesity	278.01
<input type="checkbox"/> Polyphagia	783.60
<input type="checkbox"/> Sleep Apnea	V21.0
<input type="checkbox"/> Stunted Growth	272.1
<input type="checkbox"/> Other Diagnosis:	

**PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE CARD.**

Date of Most Recent Visit: \_\_\_\_\_

Stamp your clinic information here:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Latest BP Measure: \_\_\_\_\_

Medical/psychological problems: \_\_\_\_\_

[Name] Please Print

Referring Physician/P.A./R.N./Teacher

(signature)