



# WEIGHT LOSS

## GLP-1 Referral Form

### Referring Provider's Information

Referring Provider's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Patient's Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Female ☐ Male ☐ NB

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Clinical Information

1. Relevant Diagnosis: \_\_\_\_\_

2. Current Medications: \_\_\_\_\_

3. Relevant Labs (attach documentations)

- Like CMP, CBC, HnA1c, TSH with Reflex to Free T4, Lipid Panel, Lipase, etc.

## Clinical Information

4. Weight History: \_\_\_\_\_  
\_\_\_\_\_

5. Prior Interventions: \_\_\_\_\_

6. GLP-1 Candidate: ☐ Semaglutide ☐ Tirzepatide

## Referring Provider's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

## Next Steps

Once we receive your referral, our team will promptly contact your patient to schedule a consultation with one of our providers. During this visit, we will review the submitted medical history, assess eligibility, and initiate the GLP-1 treatment plan. If the consultation is completed before 11 AM PST, medication is shipped the same day for fast and convenient access.

To ensure accessibility, we offer medical consultations in over 300 languages. Thank you for trusting Enrichiv to support your patient's weight loss journey!

## Weight Loss by Enrichiv



360-217-9321



888-541-0951



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**\*\*\*Please fax chart notes and supporting documents to (888) 541-0951.**