



Lafayette General Medical Center

Demographic Sheet

Date:

PLEASE PRINT

Last Name: First Name: MI: Social Security #: Date of Birth: Age:

Address:

City: State: Zip:

Home Phone: () Beeper/Pager: ()

Work Phone: () Fax: ()

Cell Phone: () Email address:

Marital Status: Spouse's Name:

Occupation: Employer:

Employer Address:

Insurance Company:

Have you attended an Informational Session before? Yes No

I am interested in: Gastric Bypass Surgery Adjustable Gastric Band Gastric Sleeve

How did you hear about us? Newspaper Internet Other Patient Doctor

Have you visited www.lafayettegeneral.com? Yes No

The information below is taken now to have on file for future use.

For Office Use Only

Height: Weight: BMI: IBW:

Frame: S M L

