

**Referring Provider Information**

First Name

Last Name

Email

Organization Name

☐ Is this your first time referring a patient to Enara?

**Patient Information**

First Name

Last Name

Email

Phone

Date of Birth

Feet

Inches

Weight

BMI

**Why are you referring your patient to Enara Health?**

Is there anything else you would like us to know about this patient that would help in ensuring a timely admissions process and effective care delivery?

Patient Details

All medication changes are supervised by internal medicine physician. Our goal is to manage Obesity and Diabetes in conjunction with PCPs. Permission only apply to all diabetes an obesity related co-morbidities including depression, HTN, and Cholesterol. If referring a patient for obesity management, second box must be checked to give Enara physicians the ability to optimize medications for weight loss. We update all PCPs of any medications changes immediately.

☐ Enara Health providers are only allowed to make modifications to already prescribed medications. Any new prescriptions or medication replacements must be sent back to the PCP.

☐ Enara Health providers are allowed to make medications modifications and/or prescribe/replace new medications if appropriate and update the PCP via a progress note.

Send the referral document to [partnerships@enarahealth.com](mailto:partnerships@enarahealth.com)