

# FirstHealth Medical Weight Management

## MEDICAL WEIGHT MANAGEMENT (non-surgical)



Ann Marie Richards, M.D.  
FirstHealth Medical  
Weight Management

Obesity is a complex, chronic medical condition that deserves more than a one-size-fits-all approach. Our Medical Weight Management Program is designed to uncover the root causes of weight gain and create a treatment plan that's realistic, sustainable and built just for you.

Led by Ann Marie Richards, M.D., a board certified obesity medicine physician with a background in primary care and training in plant-based nutrition, our program offers a science-based, team-guided pathway to long-term success. We provide virtual visits, allowing you to participate at your convenience, no matter where you are in your life journey.

### Who's Eligible?

- Adults ages 18 to 74
- BMI is 30 or higher, or 27 with a related condition (e.g., GERD, high blood pressure, sleep apnea)

### Why Choose a Medically Supervised Program?

Unlike commercial diets, our program is grounded in clinical expertise. Our team monitors your progress and health every step of the way to ensure your weight loss is safe, effective and long-lasting. Whether it's managing medications, identifying health risks or offering encouragement through setbacks, we're here for the long haul.

### Our Services

We offer a variety of evidence-based tools to help patients succeed, including:

- Nutrition counseling
- Weight-loss medications (Phentermine, Qsymia, Contrave, Wegovy, Zepbound)
- Exercise and fitness planning
- Lifestyle coaching
- Sleep evaluations
- Behavioral support
- Referrals for bariatric surgery when appropriate



# FirstHealth Medical Weight Management

Complete the form below and fax to **(910) 235-7875**. You may also call FirstHealth Medical Weight Management directly at (910) 715-8950. We will contact patients to discuss options and insurance coverage.

## Office Information

---

Referring Provider

Date

---

Phone

Fax

## Patient Information

---

First & Last Name

Date of Birth

---

Address

---

City/State/ZIP

---

Phone (home)

Phone (cell)

Email

---

Patient's Height

Patient's Weight

BMI

Co-morbidities (please circle all that apply):

**Hypertension**

**Diabetes**

**Obstructive Sleep Apnea**

**High Cholesterol**

**Heartburn (GERD)**

PLEASE INCLUDE INSURANCE INFO or COPY OF CARD. PLEASE ATTACH MOST RECENT OFFICE NOTE OR H&P IF AVAILABLE.  
Feel free to send demographic page, insurance page and H&P out of EMR and attach to referral form.