

REQUESTED INFORMATION FOR BARIATRIC SURGERIES

NAME: _____ **BMI:** _____ **AGE:** _____

HEIGHT: _____ **CURRENT WEIGHT:** _____ **IDEAL CHART WEIGHT:** _____

Please detail your history of weight gain (example: starting at what age, progressive gain or fluctuating, were you ever at a normal weight):

Weight loss program attempts & results:

Circle all that apply: (examples: Weight Watchers, NutriSystem, Fen Phen, hypnosis, L.A. Weight Loss, Slim-Fast, Richard Simmons, Jenny Craig, Atkins Diet, South Beach Diet, Xenical, Xenadrine, Cabbage Soup Diet, Grapefruit Diet, Meridia, Metabolife, Optima, Kirsten Andersen diet, OA, Cambridge Diet, etc.

Current medical problems: _____

Medications: _____

Prior surgeries and illnesses: _____

Family history of weight problems and weight related medical problems: _____

(over)

Personal history:

Marital and family history: _____

Education: _____

Employment history: _____

Alcohol use, Tobacco use, Substance Abuse history: _____

Eating Disorder History: _____

Psychiatric history: _____

Why do you want this surgery?: _____

Please describe your bypass surgery: _____

Does your family understand the bypass surgery and complications?: _____

Are they supportive?: _____

Who will assist you with the aftercare?: _____

Do you have a support network to assist you through the recovery?: _____

Have you already attended a support group?: _____

Are you familiar with post surgery body image issues?: _____

How long have you been researching this surgery?: _____

How many people have you spoken with who have had this surgery?: _____

Please describe your motivational level to make the necessary life style changes following your surgery: _____

Primary care physician: _____

Bariatric surgeon: _____

Patient Signature

Date