

**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):

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**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.

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**Current medical problems:** \_\_\_\_\_

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**Medications:** \_\_\_\_\_

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**Prior surgeries and illnesses:** \_\_\_\_\_

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**Family history of weight problems and weight related medical problems:** \_\_\_\_\_

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(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