Andrew Averbach MD
Isam Hamdallah MD
700 Geipe Rd Suite 274
Catonsville MD 21228
Phone: 667-234-8725
Fax: 410-368-8726

Dear Sir or Madam:

Thank you for your interest in the Surgical Weight Loss Program associated with St. Agnes Hospital. Enclosed you will find paperwork to complete and bring with you the day of your appointment, a checklist of things to be done prior to your appointment, and information about our program. Please review the packet in its entirety. Failure to complete the information and the requirements on the checklist will result in rescheduling of your appointment. Your appointment is scheduled with:

Physician: Dr Averbach or Dr. Hamdallah

Date: _____ **Appointment Time:** _____

Please arrive 15 minutes early to allow time to process your forms and paper work.

Kindly give us 24 hours notice if you are unable to keep this appointment. Failure to do so will result in a $50 broken appointment charge that is not covered by your insurance and the appointment will not be rescheduled. You will receive a reminder call a few days before your scheduled appointment.

INSURANCE REQUIREMENTS

Prior to your appointment, contact your insurance company to find out if office visits and surgical treatment for treatment morbid obesity a covered benefit for your plan. If your initial office visit is not covered, you will be responsible for this fee. The codes the insurance company may ask for are 43770 for LapBand, 43644 for Gastric Bypass and 43775 for gastric sleeve.

All insurance companies have requirements you must meet for coverage for surgery. Most plans require a 3 or 6 month supervised weight loss plan before they will consider authorizing the surgery. (CareFirst BC/BS, MAMSI, Optimum Choice, MDIPA, Coventry, Aetna, Cigna) If that is the case, then Patients must meet monthly in a structured weight loss program. The program must document each visit. This documentation is required as part of the review for the insurance authorization. We can assist you in this process if necessary.

Our Office staff will gladly assist you with any billing and insurance questions you may have.

BARIATRIC SURGERY INFORMATION SESSIONS

We require that patients attend a free seminar Bariatric Surgery prior to their appointment with the surgeon. To register for a session, call 1-866-690-9355. You may also register and attend a seminar on-line at www.Stagnes.org.

MEDICAL RECORDS

You must obtain copies of your most recent medical records as well as lab reports, to bring to your appointment. Failure to bring these to your initial visit will result in rescheduling your appointment. Please also provide a copy of any cardiac testing, sleep studies or other pertinent information.

The Surgical Weight Loss Program Our Bariatric Program is multidisciplinary. In addition to our surgeons, our program consists of our Bariatric Program Coordinator, a Dietician, Mental Health Clinical Nurse Specialist, and bimonthly support groups.

Cathy Carr-Dadin, RN, CBN – Cathy is the Bariatric Surgery Program Coordinator at St. Agnes Hospital and carries a certification in Bariatric Nursing. She is very knowledgeable about the process and will provide all the necessary education you need to feel comfortable about the surgery. Cathy also leads the Bariatric Support Group meetings and information sessions. You may reach Cathy at 667-234-2384.

Barbara Stricker RN, CBN- Barbie is our Bariatric Clinician and also carries a certification in Bariatric Nursing, having worked with bariatric patients since 2004, You may reach Barbie at 667-234-2572.

Nancy Lum Registered Dietician – Our Dietician has many years of experience working with patients. Continued follow-up with a dietician is an important part of your weight loss success. Information about her fee is attached. To schedule an appointment with Nancy, call 443-490-1240. ***Please note, we do not allow any outside nutritionists to do your dietary teaching.***

Mental Health:

Dawn O'Meally LCSW-C. Dawn specializes in working with individuals and groups with eating disorders as well as bariatric surgery patients. She sees patients in both Westminster and Columbia. Dawn does participate with a number of health insurance plans. Please call 443-386-5367 for further information.

Bea Flynn RN, CS-P The fee for consultation is $160 and follow up visits, if needed, are $90. Bea has work with over 2000 Bariatric patients and is very familiar with the surgery process. Payment is required at the time of service. She can provide you with forms to submit to your insurance company but does not process insurance claims. All fees are payable at the time of your appointment. To schedule an appointment, call 410-241-6594. She sees patients in Fulton Maryland.

If you are currently seeing a psychotherapist, psychiatrist, or if your insurance requires you to see another psychiatric professional, please provide them with the information in this packet so they can address the issues we feel are important. Insurance companies will not authorize the surgery without receiving this report and the doctors cannot perform the surgery without this evaluation. *It is advisable that you schedule this appointment prior to your appointment with the doctor.*

SUPPORT GROUP MEETINGS The Surgical Weight Loss Support Group meets twice a month. The meetings are held at St. Agnes Hospital on the first and third Monday of each month from 6-7 p.m. It is highly recommended you attend one or more meetings prior to your surgery. You will learn a lot about surgery and the expectations of the program.

We look forward to meeting you and discussing if surgery is appropriate for you.

Sincerely,

The office of Dr. Andrew Averbach and Isam Hamdallah and St. Agnes Hospital

Dr. Averbach or Hamdallah PRE-APPOINTMENT CHECKLIST

The following checklist has been provided to assist you in completing all necessary requirements before your initial visit with Dr. Averbach or Hamdallah. Please use this checklist to aid in the preparation for your appointment. Failure to bring the **Required (Not Recommended)** information to your visit will result in rescheduling your appointment:

Required:

_____ Completed New Patient forms that were mailed/printed from the website

_____ Copy of your last physical, a list of all medications and medical diagnosis

_____ Lab work less than one year old. This includes CBC, CMP, Lipid Profile, and TSH. If you have diabetes, we would need to see results of the HgA1C lab work. **Your primary care physician can assist you in obtaining this requirement.**

_____ Referral from your primary care physician if your insurance requires this.

_____ Your copay if this applies to your insurance plan.

Recommended:

_____ Physical exam within the last 12 months. Ask your primary care physician if it would be appropriate to schedule other testing such as a sleep study or cardiac stress test in anticipation of surgery.

_____ Ultrasound of your gallbladder if it has not already been removed. **GASTRIC BYPASS or SLEEVE ONLY** .

_____ Copies of any stress test reports, sleep study reports or significant testing

_____ Schedule an appointment with the dietician Nancy Lum , 443 490 1240

_____ Signed records from your physician for the three-six month supervised weight loss. **This only applies to patients with insurance companies that require this. Please note: Most insurance plans will request this information. Without this information, the insurance authorization cannot be obtained from those companies.**

_____ Weight History for past 5 years from your physician- United Healthcare Only

_____ Psychological evaluation or have an appointment scheduled- all insurance companies require this for authorization.

_____ Attend Weight Loss Surgery seminar at the Saint Agnes Hospital or on-line at and write down all your questions and concerns to be discuss.

If you are not prepared for your appointment, kindly call the office at 667-234-8725 to reschedule the appointment. We require 24 hours notice for cancellations. Our staff will be glad to assist you in preparing for your initial visit. Feel free to contact them at 667-234-8725 for any questions you may have. The office hours are Monday through Friday from 9 a.m. to 5 p.m.

SAINT AGNES HOSPITAL

Bariatric Support Group 2016

Bariatric surgery is a tool to help people 100lbs or more overweight. This group is for patients and their family members and friends to gain support from others who have had surgery or are considering Bariatric surgery (gastric bypass, gastric sleeve or gastric band).

Meetings are held the First and Third Mondays of each month

Alagia Auditorium

Meeting Times: All meeting last from 6:00-7:00pm.

Moderators:
Nancy Lum RD – or Pamela Turner RD- Focus on Nutrition
Cathy Carr Dadin RN, CBN- Or Barbara Stricker RN, CBN-Focus on Information and Education
Beatrice Flynn RN or Dawn O'Meally LCSW- Focus on Emotional Changes and Needs
Liz Dumont CPT- Fitness
TBA- speaker to be announced
Please check the Face Book group for updates on meeting topics.

Schedule for 2015: Please note, meeting topics are subject to change

January 4-	January 18- No Meeting MLK Day
February 1-	February 15 – Liz Dumont
March 7	March 21
April 4	April 18
May2	May 16
June 6	June 20
July 4- No meeting	July 18
August 1	August 15
Sept 5 no meeting	September 19
October 3	October 17
November 7	November 21
December 5- one meeting- Holiday Party- all	

******There will only be one meeting in January, July, September and December. *****

Special meetings: Special speakers will be announced as they are scheduled. Please check the support group newsletter for upcoming events.

Meetings will not be held in inclement weather. Please call if you are unsure of the status of a meeting.

GI & Bariatric NUTRITION CENTER
A Balanced LIFE

www.Nutrition5.com
www.StriveMD.com

Nancy Lum, RD, LDN
700 Geipe Rd., Ste. 274
Catonsville, MD 21228

Voice Mail/Fax:
443-490-1240

Director of the Bariatric Program at St. Agnes Hospital, Dr. Andrew Averbach & Dr. Isam Hamdallah, have recommended that you make your initial appointment with Nancy Lum our Dietitian to receive the extensive Bariatric nutrition education as soon as possible.

There are two locations Nancy Lum sees patients for consultations:

1. 700 Geipe Road Suite 274 Catonsville, MD 21228-4176
2. 1812 Baltimore Blvd., Ste. B, Westminster, MD 21157

***The Bariatric program fee and materials fee will be discussed with you when you call to schedule your services; alternatively you may visit our website at www.Nutrition5.com for detailed information on fees and the detailed outlined description of the bariatric program, required by your surgeon. Please see note* at the end of this document for accepted methods of payment.**

This Bariatric Program discounted fee includes:

- A one-hour initial consultation/assessment for surgery. The Dietitian will review patient's current eating patterns and medical history provided in the new patient questionnaire you will have completed prior to your appointment. Nutrition/lifestyle change recommendations will be provided for the patient to start on before their next appointment.
- The 3.5 hour extensive Bariatric nutrition education class. A materials fee for a binder containing proprietary class materials is built into your initial fee.
- The 3 hour Medical Nutrition pre-op vitamin class. (Proprietary materials will be emailed to you before your class, should you not have email there is a fee for printing materials.)
- The 3 hour Transition post-surgical nutrition class. (Proprietary materials will be emailed to you upon your scheduling of this, should you not have email there is a fee for printing materials.)
- Clearance letter to the insurance company and Surgeons indicating the patient is ready for surgery.

We strongly recommend making follow up appointments with the Dietitian before/after surgery for the following;

a. If you become pregnant, as the vitamin and some food recommendations will change.
b. If you develop vitamin deficiencies for various reasons discussed in nutrition class prior to surgery.
c. If you start to regain weight to help you get back on track with the lifestyle changes necessary for success.
d. If you are having a hard time understanding/implementing the lifestyle changes.
e. On an as needed basis for nutrition related issues.

Please see www.Nutrition5.com or call our office at 443-490-1240 for follow up appointment fees and detailed outlines of the above services within the Bariatric program.

We have a comprehensive Nutrition/ Cognitive Behavioral Therapy based program which deals with the behavioral and cognitive approach to weight loss. These are in-depth, small group, nutrition/therapy sessions. These are in addition to the support groups offered at St Agnes Hospital to assist patients in their weight loss journey. For more information on this program and the fee with and without utilization of your insurance please go to **www.StriveMD.com .**

***PLEASE NOTE: We do NOT participate with insurance companies, so payment is expected, in full, at the time of service. You will receive a medically coded receipt to submit to your insurance company (NOTE: We have opted out of Medicare do not accept Medicare assignment, therefore our services are not reimbursable through Medicare). There is no guarantee that our services will be covered by any insurance company. It may be helpful to get a referral from your primary care provider which states that you have to go out of network for nutrition services.**

We reserve the right to refuse service until payment is received. We accept cash, money orders, Flex Spending Account cards, and MasterCard, Visa or AMEX. We do not accept personal checks or credit cards not in your name unless that party is present at the time of service.

If you have any questions, or need to schedule an appointment, please contact:

- **Nancy Lum the owner of The GI and Bariatric Nutrition Center LLC. Please call 443-490-1240 which is a voice mail only line, and leave a detailed message with contact information, an e-mail if you have one, and times that will be easier to reach you during normal business hours and my staff will return your call from 240 area code numbers within 24-48 business hours. You may also e-mail us from our website www.Nutrition5.com under "contact us tab".**

We look forward to assisting and advising you throughout the process of having surgical weight loss. The nutritional and lifestyle changes you will be making are of the utmost importance to your success and long term health following Bariatric surgery. We will provide a comprehensive nutrition education process to ensure your lifetime success. We look forward to sharing our expertise and knowledge with you.

The GI and Bariatric Nutrition Center LLC (GIBNC) Mission Statement:

Our mission is to greatly improve the quality of our patients' lives by empowering patients through extensive cutting edge nutrition education and providing unique tools necessary for long term weight loss success and the reduction of medical co-morbid conditions. Our primary goal as nutrition experts is to build long term relationships with patients by educating, encouraging, supporting, and leading patients through the journey of permanent lifestyle change.

About Us:

Nancy Lum, RD, LDN has been practicing since 2001 and has been involved in multiple medical disciplines with a concentration in GI and Bariatric Nutrition since 2002. She created the Bariatric Nutrition program at Sinai Hospital in Baltimore, MD in 2003 and has been published in The Bariatric times in 2010 and 2011. Nancy is currently seeing patients with multiple GI diagnoses, diabetic, cardiac, and general weight loss patients from various medical practitioner referrals and word of mouth. Nancy has developed and is currently running the Bariatric Nutrition program for the Director of the Bariatric Program at St. Agnes Hospital, Dr. Andrew Averbach & Dr. Isam Hamdallah, located at St Agnes Hospital in Baltimore, MD. Nancy is also co-founder of STRIVE Motivational Group Therapy – est. 2012; which focuses on nutrition, lifestyle and behavior modification to get to the root cause of eating habits.

Affiliates:

Certified by the; Board of Dietetic Practice of the State of Maryland

Member of the; American Society of Metabolic and Bariatric Surgery

Member of the; American Dietetic Association

Education:

University of Maryland Medical System Hospital, Baltimore, MD (Internship 2002)

University Of Maryland, College Park, MD (BS 2001)

Montgomery College, Germantown, MD (AA 1998)

*** ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE ***

Dawn A. O'Meally, LCSW-C, P.A.

Bariatric Evaluation / Individual & Group Cognitive Behavioral Therapy

www.bariatricpsychservices.com

Reasons for pre-surgical Mental Health Evaluations:

There are actually two reasons for the evaluation. The first is that it is a requirement based on guidelines established by the National Institute of Health for all patients before bariatric surgery can be offered. The second reason is that surgeons as well as the insurance companies also require it to ensure your health and safety.

To schedule your Bariatric Mental Health Evaluation (or to schedule pre or post-op counseling), contact Dawn A. O'Meally, LCSW-C, P.A. at 443-590-0030. Be sure to visit the website as it will answer many of your questions.

MOST INSURANCES ACCEPTED

For your convenience there are 2 office locations:

1812 Baltimore Blvd., Suite B
Westminster, MD 21157

700 Geipe Road, Suite 204
Catonsville, MD 21228

Looking forward to assisting you in your Weight Loss Journey!

1812 Baltimore Blvd., Suite B
Westminster, MD 21157

700 Geipe Road, Suite 203
Catonsville,, MD 21228

Phone: 443-590-0030

www.bariatricpsychservices.com

Building A Circle of Support fo Bariatric Patients

Dr. Andrew Averbach MD or Isam Hamdallah MD
700 Geipe Rd Suite 274 Catonsville MD 21228
Phone: 667-234-8725 Fax: 410-368-8726

Information for your psychological clearance

All patients need psychological clearance as recommended by the American Society for Bariatric Surgery. This can be done by a local psychologist or psychiatrist, or we can refer you to one. We also want to be sure you understand the implications of the surgery and that you have a good support system of friends and family. Bring a copy of the enclosed questionnaire with you when you go to the therapist. Also bring the attached letter to the psychologist to help guide him or her with the assessment. It is helpful if you try to answer these questions for your psychologist. It is always best if you se a psychologist prior to your office appointment. This note will be help us expedite the authorization process. Please contact the office if you need the name and location of a psychologist.

Please mail or fax the report to our office (410) 368-8726

To your Psychiatrist, Psychologist, LCSW, or Nurse Practitioner:

Our mutual patient is considering surgical weight reduction and requires an evaluation by a psychologist or psychiatrist. Both the insurance companies and the surgeons require this. Most insurance companies will not authorize the surgery without a letter of support from a licensed therapist. It is helpful if you provide documentation on the following issues:

1. How does the patient think the surgery will help?
2. How long has obesity been a problem?
3. Please list and describe some sources of stress in the patient's life
4. Please provide details of the patient's personal history such as where he/she is from, where he/she lives now, education, marital status, home situation and family interactions, physical and sexual abuse?
5. Provide details of tobacco, alcohol and recreational drug use, also any history of addictions or substance abuse.
6. Any significant untreated or incompletely treated psychiatric illness.
7. Provide details of depression, suicidal tendencies, eating disorders, compliance issues
8. Provide details of comprehension of the surgery and the ability to make lifestyle changes.
9. Provide details of compliance in diet, exercise, and lifelong vitamins and follow up.
10. Is the patient reliable? Will he/she be compliant with postoperative instruction?
11. Does the patient understand that noncompliance puts the patient at risk for complications?
12. Does the patient have realistic expectations and understand that numerous complications can occur?
13. Does the patient have adequate support?
14. Is the patient capable of giving informed consent?

Neuro-Psychiatric

Depression? Because of obesity? Requiring medication?
Seizures? Requiring medication?
Severe headaches? Requiring medication
Visual problems?
Been in counseling?
History of alcohol abuse ? How long have you been sober?
History of drug abuse ? How long have you been clean?
Eating disorder? Bulimia? Anorexia Nervosa?

Social

Describe the patients work and home life (family members, etc.)

Sincerely,

Dr Andrew Averbach MD and Isam Hamdallah

Please mail or fax the report to our office.

Drs. Averbach Averbach and Isam Hamdallah
700 Geipe Road Suite 274
Catonsville, Maryland
Phone: 667-234-8725
Fax: 410-368-8726

I, _____, hereby authorize Dr. Andrew Averbach or Dr. Isam Hamdallah to apply for benefits for covered services rendered by Dr.Averbach or Hamdallah, and request that the payments from:

(Patient's insurance Carrier)

Be made directly to Dr. Averbach or Hamdallah. I certify that the information I have reported with regard to my insurance coverage in correct and I further authorize the release of any necessary information, including medical information for this or any related claim, to the above named billing agent (ir, in the case if Medicare Part B benefits, to the Social Security Administration and Health Care Financing Administration). I permit a copy of this authorization to be used in place of the original. Either my insurance company or I may revoke this authorization at any time, by written request.

_____ _____

Signature of Subscriber or Beneficiary Date

Patient Registration- Please Print Clearly

Patient's Name:
First_____ Middle_____ Last_____
Date of Birth:_____ Social Security #_____Male ( ) Female ( )
Address:_____

City: _____ State:_____ Zip_____
Home Phone:_____ Work Phone:_____
Cell Phone:_____
Email Address:
_____

Race: American Indian/Alaska Native ( )
Asian ( )
Native Hawaiian or other Pacific Islander
Black/ African American ( )
White ( )
Hispanic ( )
Other ( )
Unreported/Decline to Report ( )

Primary Language Spoken: English ( )
Spanish ( )
Russian ( )
Indian ( )
Sign Language ( )
Other _____

Emergency Contact
_____**Relationship**_____
Emergency contact's Primary #_____
Emergency contact's address:
_____

Patient Name:_____

Primary Care Physician: _____
Address: _____
Phone: _____Fax: _____
Referring Physician: _____

Primary Lab Company used: Labcorp ( )
Quest ( )
St.Agnes Lab ( )

Primary Pharmacy Used: Name_____
Address_____
City_____State_____ Zip _____
Pharmacy Phone #_____ Fax:_____

Insurance Information: Please have cards available at appointment for scanning
Insurance Company: _____
Address: _____
Policy ID#_____ Group#_____
Policy Holder's Name_____ Policy Holder's DOB _____

Secondary Insurance Company (if applicable) _____
Address: _____
Policy Id#_____ Group#_____
Policy Holder's Name _____ Policy Holder's DOB _____

St. Agnes Bariatric Program
New Patient Intake Form

Today's Date: _____ Height: _____

Name: _____ Birth date: _____

Employment status: Full Time Part Time Unemployed Retired

I am interested in *Please circle one*: Gastric Band Gastric Bypass Sleeve Unsure

Have you ever been to see us before for a consultation? Yes No

What is your Email address? Please print _____

OK to contact you by email? Yes No

Previous Bariatric Surgery? Yes No Type: _____

Top weight: Lowest weight:

Bariatric Surgeon: When performed:
(We would like to have a copy of the operative report at your consultation)

Has your Psychological evaluation been done? Yes No Date Scheduled: _____

Have you seen the Nutritionist yet? Yes No Date Scheduled: _____

How did you hear about us?_____

Did you attend an informational session? Yes No When? _____

Do you have 6 months of diet history with you today? Yes No

Surgeons Initials_____

Andrew Averbach and Isam Hamdallah, MD
700 Geipe Rd Suite 203
Catonsville MD 21228
667-234-2573

PATIENT HISTORY FORM:

Knowing your detailed medical history information is very important for our assessment of your health. Obesity and its associated diseases and risk factors increase mortality and surgical complications. **We rely on the information you provide, therefore it is imperative for safety and insurance purposes that a detailed medical history be performed.**

I am also aware of the following:

- NO tobacco products are permitted for 8 weeks before surgery- this gives your lungs a chance to better provide oxygen to your blood, which can help decrease the risk of infection, pneumonia, and especially improve wound healing.
- Second hand smoke is also irritating to the lungs.
- We will not operate on any patient that is an active smoker and may require you to take a laboratory test that confirms you are smoke free.

PATIENT STATEMENT

I am aware that Bariatric surgery is not a "quick fix" but rather a tool for controlling weight, combined with exercise and proper nutrition. I am aware that I will be expected to follow up post op on a regular basis, and be required to take vitamins, and supplements for the rest of my life. I am also aware that reversal of this surgery is not recommended. The information on my medical history form is true and correct to the best of my belief.

_____

Patient's signature

_____

Date

Surgeons Initials_____

YOUR NAME _____ YOUR EMAIL ADDRESS_____

PRIMARY CARE PHYSICIAN

FULL NAME _____

ADDRESS _____

_____

PHONE # _____ FAX # _____

SPECIALIST PHYSICIAN (pulmonologist, gastroenterologist, endocrinologist)

FULL NAME _____

ADDRESS _____

_____

PHONE # _____ FAX # _____

FULL NAME _____

ADDRESS _____

_____

PHONE # _____ FAX # _____

FULL NAME _____

ADDRESS _____

_____

PHONE # _____ FAX # _____

FULL NAME _____

ADDRESS _____

_____

PHONE # _____ FAX # _____

Surgeons Initials_____

WEIGHT LOSS HISTORY

YOUR NAME _____

Most insurance companies require documented evidence of previous weight loss attempts so it is critical that you fill this out in detail. Please include dates as well as length of time of each diet, to the best of your knowledge.

How tall are you? _____

Have you completed a recent diet for this visit? _____

What was your best weight loss with dieting? _____

NON-SUPERVISED ATTEMPTS

- ☐ Body for Life/Bill Phillips
- ☐ Gloria Marshall
- ☐ Health Spa
- ☐ High Protein
- ☐ Hypnosis
- ☐ Low Carbohydrate
- ☐ Low Fat
- ☐ Calorie counting on my own
- ☐ Other _____
- ☐ Pritikin
- ☐ Richard Simmons
- ☐ Scarsdale
- ☐ Stillman Diet
- ☐ Sugar Busters
- ☐ Slim Fast
- ☐ Mayo Clinic
- ☐ Other _____
- ☐ Other _____

SUPERVISED ATTEMPTS

- ☐ Diet Pills from MD Type_____
- ☐ Diet Center Date: _____
- ☐ Optifast Date: _____
- ☐ HMR – Health Management Resources
- ☐ T.O.P.S. Date: _____
- ☐ New Directions
- ☐ Supervised calories counting diet by health professionals
- ☐ Other _____
- ☐ Diet Shots from MD Date: _____
- ☐ Overeaters Anonymous Date: _____
- ☐ Weight Watchers Date: _____
- ☐ Nutri-Systems Date: _____
- ☐ Jenny Craig Date: _____
- ☐ National Weight Loss Date: _____

MEDICATION PRESCRIBED FOR WEIGHT LOSS

Medications may be listed as both as generic and name brand. Check the one prescribed to you and the length of time you were on these medications.

- ☐ Acutrim
- ☐ Adipex-P
- ☐ Amphetamines
- ☐ Anorex
- ☐ Benzphetamine
- ☐ Dexatrim
- ☐ Dexfenfluramine
- ☐ Didrex
- ☐ Fastin
- ☐ Fenfluramine
- ☐ Ionamin
- ☐ Mazanor
- ☐ Meridia
- ☐ Obalan
- ☐ Orlistat
- ☐ Phendiet
- ☐ Phentermine
- ☐ Phentrol
- ☐ Piegine
- ☐ Pondimin
- ☐ Redux
- ☐ Sanorex
- ☐ Tepanol
- ☐ Tenuate
- ☐ Wehless
- ☐ Xenical

Surgeons Initials_____

REVIEW OF MEDICAL PROBLEMS (Please check and/or explain any of the items listed)

CARDIOVASCULAR

- ☐ Heart problems _____
- ☐ Chest pains _____
- ☐ Previous Heart Attack _____
- ☐ High blood pressure _____
- ☐ Previous blood clots/PE _____
- ☐ Shortness of Breath _____
- ☐ SOB while exercising _____
- ☐ High cholesterol _____
- ☐ High triglycerides _____
- ☐ Feel tired all the time _____

DIABETES AND ENDOCRINE SYSTEM

Diabetes Mellitus (Type 1 or 2)

When was your diabetes first diagnosed? _____

How long have you been taking oral agents? _____

How long have you been taking insulin? _____

Does your diabetes resolve with weight loss? _____

Pre-diabetic

(Abnormal glucose tolerance test)

Gestational _____

Age of diagnosis _____

Hypoglycemia or low blood glucose _____

Thyroid problems (requiring medication) _____

GASTROINTESTINAL

Gallbladder Problems

Do you have gallstones diagnosed by ultrasound? _____

Have you had your gallbladder removed open or laparoscopically? _____

Stomach Ulcers

Have you taken medicine for ulcers? _____

Were you ever diagnosed with stomach bacteria H.Pylori _____

Was H.pylori treated with antibiotics and when? _____

Surgeons Initials_____

Heartburn/GERD

Please answer the questions based on the Scale: 0 – No symptoms
1 – Symptoms not bothersome
2 – Symptoms noticeable and bothersome, but not daily
3 – Daily bothersome symptoms
4 – Symptoms affect daily activities
5 – Symptoms are incapacitating for daily activities

Questions (Circle one number to best describe intensity of the symptom)

How bad is your heartburn	0	1	2	3	4	5
Heartburn when lying down	0	1	2	3	4	5
Heartburn when standing up	0	1	2	3	4	5
Heartburn after meals	0	1	2	3	4	5
Does heartburn change your diet	0	1	2	3	4	5
Does heartburn wake you up from sleep	0	1	2	3	4	5
Do you have difficulty swallowing	0	1	2	3	4	5
Do you have pain with swallowing	0	1	2	3	4	5
Do you have bloating or gassy feelings	0	1	2	3	4	5
If you take medications for heartburn, does it affect your daily living	0	1	2	3	4	5
Total Score (0 to 50)						

How satisfied you are with your present reflux related condition? Satisfied Neutral Dissatisfied

Are you currently taking any medication for heartburn? Yes Occasionally No

Please circle any of the medications you have taken in the past or are taking currently:
Nexium Prilosec Prevacid Aciohex Protonix Zegerid Kapidex Dexilant Zegerid Zantac Pepcid Tums Rolaids

Constipation/Irritable Bowel Syndrome/Colitis/Diverticulitis

Do you suffer from constipation? _____ Do you use laxatives frequently? _____
Do you have frequent diarrhea? _____ Do you have IBS? _____
Do you have Crohn's disease? _____ Do you have ulcerative colitis? _____
Do/did you have diverticulitis ? _____ Did you have colon surgery? _____

Surgeons Initials_____

RESPIRATORY

Asthma

Last attack? Are you using inhalers daily? _____

COPD Yes No _____

Bronchitis _____

# of times in past 2 years _____

Is it recurring? _____

Pneumonia? _____

Blood clots in lungs? _____

Blood clots in legs? _____

Smoking History

Starting age? _____

When did you stop? _____

How many packs per day? _____

STOP Bang Please answer the following questions:

Please answer the following questions with a YES or NO response.

1. Do you **SNORE LOUDLY**? (Loud enough to be heard through a closed door or your bed partner elbows you at night)? **YES NO**
2. Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep while driving or talking to someone)? **YES NO**
3. Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep? **YES NO**
4. Do you have or are being treated for **High Blood Pressure**? **YES NO**
5. **Body Mass Index more than 35? YES NO**
6. **Age** older than **50 year old? YES NO**
7. **Neck Size**-For men- is your shirt collar 17 inches/43cm or larger? For women, is your shirt collar 16 inches/41cm or larger? **YES NO**
8. **Gender**= Male? **YES NO**

Previous Sleep Study or do you have one scheduled? **YES NO**

Do you currently use or have you previously been prescribed a CPAP or BiPAP machine? **YES NO**

MUSCULOSKELETAL

	MILD	MODERATE	SEVERE
Hip pain			
Knee pain			
Ankle pain			
Feet pain			
Back pain			
Neck pain			
Arthritis			

Surgeons Initials_____

Musculoskeletal continued

Are you using anti-inflammatory or pain medicine? _____
Do you have swelling of your legs? _____
Do you have swelling of your feet? _____
Do you have varicose veins? _____
Have you had ulcers of the leg? _____

KIDNEY & BLADDER

Do you have renal insufficiency or kidney failure? _____
Have you had bladder or kidney infections? _____
Have you had kidney stones? _____

BLOOD

Have you ever had a bleeding problem? _____
Have you ever had low platelets? _____
Have you ever had a blood transfusion? _____

NEURO-PSYCHIATRIC

Depression/Anxiety _____
Because of obesity? _____
Requiring medication? _____
Seizures _____
Requiring Medication? _____
Severe headaches? _____
Requiring Medication? _____
Visual problems? _____
Been in counseling? _____
History of alcohol abuse? _____
How long have you been sober? _____
History of drug abuse? _____
How long have you been clean? _____
Eating disorder? _____
Bulimia? _____
Anorexia Nervosa? _____

ALLERGIES

Do you have any allergies to medicine or food? _____
If so, what was the reaction? _____

Have you ever had reaction to anesthesia or has a family member had a reaction? Yes No

Are you allergic to Latex products? Yes No

Surgeons Initials_____

PAST SURGICAL HISTORY

We need a compete list of all your previous surgeries. Please list the type of surgery below:

Tonsillectomy _____

Cholecystectomy (gallbladder removal) _____

Appendectomy _____

Hysterectomy (removal of uterus) _____

Cesarean Section (C-section) _____

Oophorectomy (removal of ovary) _____

Previous Bariatric Surgery Yes No Type: _____

Hiatal Hernia surgery (for reflux) _____

Cardiac Surgery Yes No _____

Others:_____

HABITS

Do you consume alcohol and if so how much?

Any other habits that you have? _____

FOR WOMEN

Have you ever been diagnosed with polycystic ovarian syndrome? Yes No

Have you had problems conceiving? _____

How many pregnancies have you had? _____

How many children do you have/ _____

Any pain with period? _____

SOCIAL

Are you employed? Full Time Part Time Retired Homemaker Unemployed Employer_____

Describe your work and home life (family members, etc)

_____

_____

MEDICATIONS (Report **name, dose, and frequency** and what you are taking it for)

MEDICATION	DOSAGE	FREQUENCY	CONDITION

Surgeons Initials_____

Medication	Dosage	Frequency	Condition

Name and contact information of a close, supportive friend or family member who I can talk to if necessary:

_____

FAMILY HISTORY (Parents, Grandparents, Brothers, Sisters)

	Mother	Father	Sibling	Aunt/Uncle	Grandparent
Obesity					
Diabetes					
Heart disease					
High blood pressure					
Cancer					
Arthritis					
Early death					
Cause					

Has any member of your family suffered from Blood Clots or Pulmonary Embolism? Yes No

If yes, please describe:

_____

_____

How did you hear about us?

_____

_____

Surgeons Initials_____

NEURO-PSYCH SCREENING

Below is a list of problems and complaints that people sometimes experience. Please read each one carefully. After you have done so, use the scale below to describe HOW MUCH that each problem has BOTHERED or DISTRESSED you during the past week, including today.

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

_____ 1. Nervousness or shakiness inside.
_____ 2. Unwanted thoughts, words, or ideas that won't leave your mind.
_____ 3. The idea that someone else can control your thoughts.
_____ 4. Feeling others are to blame for most of your troubles.
_____ 5. Trouble remembering things.
_____ 6. Feeling easily annoyed or irritated.
_____ 7. Feeling afraid in open spaces or on the street.
_____ 8. Thought of ending your life.
_____ 9. Hearing voices that other people do not hear.
_____ 10. Feeling that most people cannot be trusted.
_____ 11. Crying easily.
_____ 12. Feeling or being trapped or caught.
_____ 13. Suddenly scared for no reason.
_____ 14. Temper outbursts that you could not control.
_____ 15. Feeling afraid to go out of your house alone.
_____ 16. Feeling blue.
_____ 17. Worrying too much about things.
_____ 18. Feeling fearful.
_____ 19. Other people being aware of your private thoughts.
_____ 20. Feeling afraid to travel on buses, subways, or trains.
_____ 21. Having to avoid certain things, places, or activities because they frighten you.
_____ 22. Your mind going blank.
_____ 23. Feeling hopeless about the future.
_____ 24. Trouble concentrating.
_____ 25. Having thoughts that are not your own.
_____ 26. Having urges to beat, injure, or harm someone.
_____ 27. Having urges to break or smash things.
_____ 28. Having ideas or beliefs that others do not share.
_____ 29. Spells of terror or panic.
_____ 30. Getting into frequent arguments.
_____ 31. Feeling nervous when you are left alone.
_____ 32. Feeling so restless you couldn't sit still.
_____ 33. Feeling of worthlessness.
_____ 34. Feeling that familiar things are strange or unreal.
_____ 35. Shouting or throwing things.

Surgeons Initials_____

NAME_____ Date _____

TWO-DAY FOOD DIARY

Please record your food for one week day and one weekend day.

WEEKDAY	WEEKEND
Breakfast	Breakfast
Lunch	Lunch
Dinner	Dinner
Snack	Snack

Problem areas/notes

Surgeons Initials_____