

GENERAL CHECKLIST FOR PREOP

ALL PATIENTS

Bariatric Surgeon:

- Initial Consultation Date: _____ Physician: _____
- Two month visit Date: _____
- Preop Visit Date: _____

Registered Dietitian:

- Initial Consultation Date: _____ Dietitian: _____
- Preop Visit Date: _____

Psychology:

- One Visit Before Surgery Date: _____ Provider: _____
- UGI/Esophagram Date: _____
- Full Nutrition Labs Date: _____
- EKG Date: _____
- Patient Educational Seminar Date: _____

ADDITIONAL CLEARANCES AS NEEDED

- Exercise Counseling Date: _____
- Cardiac Clearance Date: _____
- Pulmonary Clearance
+/- Sleep Study Date: _____
- Gastroenterology Evaluation
+/- Upper Endoscopy Date: _____



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