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: __________