GENERAL CHECKLIST FOR POSTOP

2 week postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins /supplements
- ☐ Exercise

6 week postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins /supplements
- ☐ Exercise Join a gym

3 month postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins /supplements
- ☐ Exercise

6 month postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins /supplements
- ☐ Exercise

1 year postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins /supplements
- ☐ Exercise

2 year postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins /supplements
- ☐ Exercise

2 year postop: Date:________________

- ☐ How are you feeling?
- ☐ Expected weight loss
- ☐ Nutrition Beverages Food Vitamins / supplements
- ☐ Exercise

Dietitian Visits:

Date:________________

Date:________________

Date:________________

Date:________________

Date:________________

Support Group:

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Baton Rouge General
WEIGHT LOSS CENTER