GroupHealth

Bariatric Group Follow-Up Questionnaire

Prior to the group appointment, please email completed form to: bariatricpatients@ghc.org

Name:_____

Group Visit: □ 6 month □ 1 year □ 2+ years

Since your last follow up appointment have you:

Gone to Urgent Care: □ Yes □ No

When:_____Where:_____Why:_____

Been admitted to any hospital: □ Yes □ No

When:_____Where:_____Why:_____

Did hospital admission result in surgery: □ Yes procedure:_____ □ No

Are you taking medication for or being treated for (check all that apply):

Sleep Apnea: □ Yes □ No Thyroid: □ Yes □ No

GERD/Reflux: □ Yes □ No Other: _____

High Cholesterol: □ Yes □ No

Hypertension: □ Yes □ No If yes, how many medications:_____

Diabetes:_____If yes □ Non-Insulin □ Insulin

How many meals do you eat each day:_____

How many snacks do you eat each day:_____

Do you graze: □ Yes □ No how often:_____

Do you feel hungry: □ pre-meals □ in-between meals □ after meals

How many calories each day:_____ □ Counting □ Estimation

Do you separate foods / fluids □ Yes □ No by how much time:_____

How much fluid do you drink each day:_____

Do you experience nausea or vomiting: □ Yes □ No how often:_____

Are there foods/fluids that you don't tolerate:_____

Are you having regular bowel movements: □ Yes □ No constipation: □ Yes □ No

Are you exercising: □ Yes □ No what:_____how often:_____

Vitamins:

Are you taking:

Multiple Vitamin with Minerals: □ Yes □ No □ Sometimes

Calcium Citrate: □ Yes □ No mg: _____how many times a day:_____

Vitamin B12 □ Yes □ No mg: _____how many times a day:_____

Vitamin D: □ Yes □ No IU:_____how many times a day:_____

Iron: □ Yes □ No mg:_____how many times a day:_____

Omeprazole: □ Yes □ No how many times a day:_____

Probiotics: □ Yes □ No how many times a day:_____

Do you attend a support group: □ Yes □ No □ Sometimes

Do you drink alcohol: □ Yes □ No how many drinks:_____how often:_____

Do you smoke: □ Yes □ No exposed to second hand smoke: □ Yes □ No

Do you have any concerns at this time that you would not be comfortable sharing in a group:

_____

Staff Use (staff will complete this section)

Date of surgery:_____ Procedure:_____

Pre-Op Weight:_____ Todays Weight:_____

Total Weight Loss:_____ Current BMI:_____

Excess Body Weight Loss:_____ Total Body Weight Loss:_____

Blood Pressure:_____