

Initial/1 month Post Op Follow-Up Visit Questionnaire

Circle one: Cash pay contract/insured

Name:		Today's Date:	
Date of Surgery		Date of Birth:	
Problems:		Weight Loss Goal:	
Intake:	Fluids/Protein _____ ounces/day	_____ g protein/day	
Stage of diet (circle one):	<input type="checkbox"/> full fluids	<input type="checkbox"/> puree	<input type="checkbox"/> soft foods <input type="checkbox"/> regular diet
Last 3 days tracked in Baritastic:			
Day 1		Day 2	
Calories: _____		Calories: _____	
Protein g: _____		Protein g: _____	
Carb g: _____		Carb g: _____	
Fat g: _____		Fat g: _____	
Alcohol (what and how often):			
Are you currently smoking?	Y / N Packs/day		
Pain (please circle one):	0 1 2 3 4 5 6 7 8 9 10	Location of pain:	
Pain medications used/how often:			
Nausea: mild / mod / severe	Nausea medications used/how often:		
Vomiting (circle one): Y / N	How many times per day:	Medications used/how often:	
Constipation (circle one): Y / N	Diarrhea: Y / N		
# bowel movements since surgery:	Medications used/how often:		
Reflux: Y / N Rate: Mild / Moderate / Severe	Medications used/how often:		
Incision site pain: Y / N	Concerns with incisions:		
Wearing Abdominal binder: Y / N	# Steps/day:		
Other exercise/how often:			
Home Health: Y / N	How much longer:		
Using CPAP/BiPAP: Y / N			
Are you monitoring glucose at home? Y / N		Approximate glucose range:	
Are you monitoring blood pressure at home? Y / N		Approximate BP range:	
Have you seen your primary care provider since surgery? Y / N		Date of visit:	

Staff Use Only

Weight: _____	BMI: _____	Oximetry: _____	Pulse: _____
BP: _____	Temperature: _____	PHQ 9 Score: _____	Date of last visit: _____
Weight loss since last visit: _____		Weight loss since surgery: _____	
_____ % EWL		_____ % toward patient goal	