

3/6/9/12 Month Follow-Up Visit Questionnaire

Circle one: Cash pay contract/insured

Name:		Today's Date:	
Date of Surgery		Date of Birth:	
Problems:			
Last 3 days tracked in Baritastic:			
Day 1	Day 2		Day 3
Calories: _____	Calories: _____		Calories: _____
Protein g: _____	Protein g: _____		Protein g: _____
Carb g: _____	Carb g: _____		Carb g: _____
Fat g: _____	Fat g: _____		Fat g: _____
Are you currently smoking?	Y / N Packs/day	Quit Date:	
Constipation (circle one): Y / N	Diarrhea: Y / N	Medications used/how often:	
Reflux: Y / N	Rate: Mild / Moderate / Severe	Medications used/how often:	
# Steps/day:			
Have you noticed an increase in alcohol/drug/gambling/spending/sex in your life? Y / N			
When you look in the mirror, who or what do you see? _____			

Using CPAP/BiPAP: Y / N	Changes in CPAP/BiPAP: (ex. Reduced pressure)		
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			
List any medications stopped for diabetes/reflux/high blood pressure/high cholesterol? _____			

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	