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The LP

Consult For Weight Loss Surgery Fax to: 902-425-8292
Capital District Health Authority

****Patients who have had previous Bariatric Surgery will not be considered for this program****

Date:

Patients Name:

DOB:

Age:

Address:

Phone:

GP (name/phone):

Risk Factors (Please check all that apply):

- BMI>40 or 100lbs overweight
- BMI>35 plus medical co-morbidities
- Failure of medical management over a long period of time to control weight
- HTN
- Obesity related cardiomyopathy
- Abnormal Glucose tolerance or Type 2 DM
- Reflux esophagitis
- Severe sleep apnea
- Disabling arthritis, chronic low back pain, osteoarthritis, impending knee replacement surgery candidate
- Breakdown of skin secondary to excess pannus with ongoing cellulitis or recurrent abscess
- End stage obesity syndrome requiring hospitalization
- Pseudotumor cerebri
- Hyperphagic syndromes
- Steatophepatitis and cirrhosis
- Hyperlipidemias
- Other syndromes _____

Weight:

Height

BMI:

Past Medical Hx (summary/list):

Current Medications:

Social Info:

Functional Info:
Can this person walk?

Dietary Considerations:

Psychological Concerns/Considerations:

Referred for WLS in the past Y or N_____ when_____

Physician Signature:

Contact info:

