

## Bariatric Pre-Operative Checklist

Patient Name: \_\_\_\_\_

Surgery of Choice: \_\_\_\_\_

Req.	Event	Date	Done
x	<b><i>Informational Seminar</i></b>		x
x	<b><i>Initial Consult</i></b>		x
x	<b><i>Labs</i></b> (Usually completes on 1 <sup>st</sup> PCP visit)		
	<b><i>CXR</i></b> (Completed at hosp pre-registration)		
	<b><i>EKG</i></b> (CAN be completed at hosp pre-registration)		
x	<b><i>Psychological Evaluation</i></b>		
x	<b><i>Nutritional Evaluation</i></b>		
x	<b><i>Medically Supervised Weight Loss (3 to 6 months)</i></b>		
x	1 <sup>st</sup> Month		
x	2 <sup>nd</sup> Month		
x	3 <sup>rd</sup> Month		
x	4 <sup>th</sup> Month		
x	5 <sup>th</sup> Month (call Robin & review chart)		
x	6 <sup>th</sup> Month		
	Cardiac Clearance		
	OTHER:		
x	<b>Medical Clearance &amp; Recommendation for Bariatric SX (CCSF)</b>		
	<b><i>**Complete packet sent to insurance for auth.**</i></b>		
x	<b>Pre-Operative Educational Visit with Robin</b>	Once auth obtained	
	<b>Surgery</b>		

**\*\*\*Medically Supervised Weight loss is expected by most insurance companies to be 3- 6 months CONSECUTIVELY and with documentation of Weight, Nutritional Counseling and Exercise Counseling.**

If you have any questions, please call our office: 671-5150

Robin Morello, RN, CBN, BSN – Bariatric Nurse Coordinator

**Please bring or fax all documents to Robin: 671-5155**