COASTAL HEALTHCARE

Bariatric Surgery Patient Checklist

PATIENT INFORMATION

Name: _____ Athena ID: _____

Insurance: _____

PRE-OPERATIVE REQUIREMENTS

❑ Bariatric Educational Videos (2)
❑ Bariatric Booklet Video
❑ Bariatric Patient Booklet
❑ Schedule follow-up appointment in 2 months
❑ Schedule follow up appointment in 4 months from 2nd visit (6 months after initial visit) (H&P)
❑ Complete laboratory work
❑ EKG

NUTRITIONIST EVALUATION / VISITS

VISIT 1:_____

VISIT 2:_____

VISIT 3:_____

❑ CLEARED?

PSYCHIATRY EVALUATION

VISIT 1:_____

VISIT 2:_____

❑ CLEARED FOR SURGERY CONSULT REPORT

ADDITIONAL PRE-OP REQUIREMENTS

EGD (Esophagogastroduodenoscopy) _____

Sleep Medicine Consultation _____ Visit 2 (if needed) _____

Sleep Study (if needed) _____

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FOLLOW-UP APPOINTMENTS & PATIENT EDUCATION

❑ **2-Month Follow-Up Appointment (from initial visit):**

Confirm that the patient has completed all items on the bariatric patient checklist.

❑ Send dietary changes videos

❑ **4-Month Follow-Up Appointment (following the 2-month visit; 6 months from initial visit):**

- Provide and review pre-operative and ERAS educational videos.
- Counsel the patient on alternative contraceptive methods other than oral birth control.
- Resend bariatric booklet videos 1 and 2 for reinforcement of education.
- Provide the pre-surgery Preparation

PRE-SURGERY PREPARATION

❑ Initiate 2-week pre-operative diet

❑ Confirm multivitamin purchase (patient must begin 2 weeks prior to surgery)

❑ Provide multivitamin guideline sheet

❑ Provide Lovenox instruction sheet

❑ Provide blood thinner form at final pre-op appointment

❑ Schedule 1 week post-op appointment with PCP prior to surgery

AUTHORIZATION & POST-OPERATIVE CARE

❑ Obtain authorization for surgery

❑ Schedule post-operative visit

❑ Obtain new authorization for post-op nutritionist visits

❑ Schedule Sleep Medicine follow-up post-op

❑ 1 month post-op

❑ 6 month post-op

❑ 1 year post-op