PHYSICIANS'
Medical Center
Bariatric Solutions

Robert Graham Cooper, Jr. MD FACS

Request for Release of Medical Records

To: _____
(Physician's Name)

_____
Address

_____
City State Zip

I hereby request that my medical records be released to:

To: _____
(Physician's Name)

_____
Address

_____
City State Zip

_____
Date

_____
Patient's Signature **Date**

PHYSICIANS' Medical Center
Bariatric Solutions

Robert Graham Cooper, Jr. MD FACS

Bariatric Questionnaire

In order to facilitate obtaining prior authorization for you surgery, we request that you answer the following questions as completely as possible.

1. Place and "x" next to the methods of weight loss you have tried at any time in the past. Please include any method not listed below in the space provided.

- ❍ Anxiety
- ❍ Low Fat Diet
- ❍ Diabetic Diet(ADA)
- ❍ Atkins Diet
- ❍ Dietician Instructed
- ❍ Diet pill (over the counter)
- ❍ Diet pill (prescription)
- ❍ Herbs
- ❍ Slim Fast
- ❍ Exercise
- ❍ Weight Watchers
- ❍ Diet Workshop
- ❍ Physician-Supervised
- ❍ TOPS
- ❍ Jenny Craig
- ❍ Overeaters Anonymous
- ❍ Nutrisystem
- ❍ Optifast
- ❍ Fasting
- ❍ Hypnosis
- ❍ Jaws Wired
- ❍ Acupuncture
- ❍ Previous Weight Loss Surgery

Other (please list) _____

_____

_____

_____

2. How much did you weigh 5 years ago? _____

3. What is your heaviest weight? _____

_____

Patient's Signature **Date**

PHYSICIANS'
Medical Center
Bariatric Solutions

Robert Graham Cooper, Jr. MD FACS

Patient Agreement Statement

This statement acknowledges that _____ will comply with all of the following preoperative and postoperative guidelines. _____ understands the risks, benefits, and lifestyle changes associated with the surgical treatment of morbid obesity. Weight control is a lifelong process, in which the surgery will be a very important Tool. The long-term success of the surgery depends on using that tool skillfully. The patient agrees to all pre-operative and post-operatives evaluations and sessions considered essential to having a successful outcome to his/her surgical treatment of morbid obesity. These items include but are not limited to the following:

- **Attending 6 months Bariatric Support group post-op**
- **Attending 6 months post-op nutrition counseling**
- **Daily Exercise (slow at first gradually increasing)**
- **Labs at 6 month**
- **All required post-op visits**
- **Smoke free both preoperatively and postoperatively**
- **Post-op medications will be taken faithfully including vitamins**
- **Primary care physicians are to be included in care**
- **Strictly following dietary progression and nutrition guidelines**

_____

Patient's Signature **Date**