Bariatric Surgery Summary:

Jurisdiction: MD KP Medical Center:City Plaza
PCP:

Height: ***

Weight @ Initial Visit: *** BMI: ***
Weight @ Final Visit: *** BMI: ***
Target Goal Weight: ***

Weight history (if DC, Federal or Viriginia Jurisdiction):
Date 2 years ago: ***. Weight: *** BMI: ***

Comorbidities:
Patient Active Problem List
Diagnosis

Smoke History: (Nonsmoker or Former smoker with quit date or Still smoking):
History
Smoking status
- Former Smoker -- 0.00 packs/day for 15 years
- Types: Cigarettes
- Quit date: 09/06/2013

Smokeless tobacco
- Never Used

Returned bariatric questionnaire to nutritionist: {YES NO:27381::"yes"}

Attended a bariatric support group (if yes, indicate when and where): {NO/YES:29057}

Does member have a bariatric surgery procedure preference (if yes, specify):
{NO/YES:29057}

Has member been reviewed or approved by the OWG Committee in the past?
If yes, indicate date, reason for review and outcome:
{NO/YES:29057}

Compliance with each of the following goals has been demonstrated:
1. Attended Kaiser Permanente weight control class. Date: ***
2. Completed behavioral health evaluation. Date: *** Completed by: ***

3. Completed 6 visits with a Kaiser Permanente nutritionist over 6 months including GB1 and GB2 classes.

VISIT	DATE	WEIGHT

Visit 1	***	***
Visit 2	***	***
Visit 3	***	***
Visit 4	***	***
Visit 5	***	***
Visit 6	***	***

4.. To how many individual appointments did member bring food records? {GEN NUMBER EPISODES:10366}

5. Describe member's current eating in terms of:
   Indicate the number of meals and snacks member eats daily: ***
   How many fruit and vegetable servings does member eat each day:***
   How often does member eat high calorie high fat foods: ***

6. How many ounces of fluid does member consume per day: ***
   Specify what fluids member is consuming: ***

7. Supplements currently being taken (brand and amount):
   Multi vitamin-mineral: ***
   Calcium: ***
   Other: ***

8. Supplements to be taken after surgery (brand and amount):
   Protein: ***
   Multi vitamin-mineral: ***
   Calcium: ***
   B12: ***
   Iron: ***

9. Is member practicing the following s/p dietary guidelines:
   Eating slowly: {YES NO:27381::"yes"}
   Sipping fluids throughout the day: {YES NO:27381::"yes"}
   Consuming meals without fluids. {YES NO:27381::"yes"}

10. Did member bring in a meal/beverage schedule to use following surgery that indicates fluid intake through the day, meal times, and timing of supplements: {YES NO:27381::"yes"}

11. Did member bring in a sample puree/soft diet menu? {YES NO:27381::"yes"}

14. Did member bring in a sample regular menu? {YES NO:25631}

15. Does member understand the need to discuss current medications with surgeon and pursue changs as needed? {YES NO:27381::"yes"}

16. Describe member's activity in terms of:
   What activity: ***
   How often: ***
   How long: ***

17. Who will help member following surgery:***

Evaluation (Please summarize changes patient has made over the past 6 months in terms of eating/activity, how motivated and knowledgeable patient appears regarding bariatric surgery and your overall recommendation): ***

(For Nutritionist only)