

Magee-Womens Hospital of UPMC

Division of Minimally Invasive Bariatric and General Surgery

Anita Courcoulas, MD
George Eid, MD
Giselle Hamad, MD

Carol McCloskey, MD
Ramesh Ramanathan, MD

For Office Use Only
Date Received _____
BMI _____

Initial Evaluation Form *(Please answer all questions and submit at the end of the session.)*

Name _____ Date of birth _____ Age _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Preferred number Home Work Other _____

Social Security No. _____ Email address: _____

Weight: _____ Height/Feet _____ Inches _____

How did you hear about today's information session?

- Newspaper Website Online video session
 Radio Family/friend Other (please specify)
 TV Physician _____

Insurance Information

Name

Type _____ Insurance ID # _____

Surgery of interest to you:

- Gastric bypass Lap-band Other _____ Undecided

Have you had previous surgery for weight loss? Yes No

If yes, what type? _____

Do you have a preference for a surgeon? No Yes If so, please name _____

In your opinion, what contributes to your excess weight?

- Portion sizes Eating too much fat and sugar Stress eating
 Emotional eating Compulsive eating Lack of exercise
 Medications Nervous eating Lack of knowledge about
healthful eating and exercise

Primary Care Physician Name: _____ Phone: _____

Has your primary care physician discussed weight loss options with you? Yes No

If yes, what treatment was recommended *(check all that apply)* lifestyle surgery medication

Medical History

- Heart disease
- High blood pressure
- High cholesterol
- Sleep apnea
- Asthma
- Thyroid disorder
- Anorexia and/or bulimia
- Wheelchair/scooter dependent
- Diabetes
- Reflux
- Stomach ulcer
- Arthritis
- Osteoporosis
- Urinary incontinence
- Depression/anxiety
- Heavy snoring
- Polycystic ovarian syndrome
- Anemia
- Clotting /bleeding disorder
- Cancer
(Last treatment date:_____)
- On dialysis
- On transplant list
- Oxygen-dependent at home
- Other_____

Surgical History (type of surgery and approximate date)

Procedure	Date

Current prescription and over-the-counter medications

Name	Dose	How Often?

We provide a broad range of primary screening and tertiary treatments as well as consultations, second opinions, and triage. **Please submit this form at the end of your session or send to:**

Tina Danzuso, RN, BS, MA
Bariatric Coordinator
3380 Blvd. of the Allies
Pittsburgh, PA 15213
Phone 412-641-3744
Fax 412-641-3640

Please do not write below this line

Assessment:

- S HRM HRP MWL A REV BBMI

BMI: < 35 35-39 > 70

Patient Contacted Date: _____ Name: _____

Reviewer: _____ Date: _____

Name: _____

The Bariatric Surgery Program at Magee-Womens Hospital of UPMC is a leader in studying the impact and importance of weight loss surgery. We conduct many interesting and informative studies with interested and able patients. If you wish to move forward in considering a surgical option and would like to be contacted to hear about voluntary participation in some or any of these studies, please answer "yes" below. Your care and progress toward surgery will NOT be affected by your answer.

May a representative from our program contact you to tell you about ongoing studies?

Yes

No