



Magee-Womens Hospital

of University of Pittsburgh Medical Center

For Office Use Only

_____ Date Received

_____ BMI

Division of Minimally Invasive Bariatric and General Surgery

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INITIAL EVALUATION FORM (Please answer ALL questions before submitting)

Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Preferred Number Home Work Other _____

Social Security No. _____ Email Address _____

Employment Status: Full-time Part-time Unemployed Place of Employment _____

Gender: Male Female

Race: Caucasian African-American Other _____

Weight _____ Height _____

Insurance Type _____ Insurance ID# _____

- 1) How did you hear about our Magee-Womens Hospital bariatric program and/or Information Session?
- Newspaper Website Radio TV Family/Friend Physician Other _____
- 2) How did you receive this Initial Evaluation Form?
- From attending an Information Session From accessing our official website
- 3) If you accessed this Initial Evaluation Form via our website, did you view the Online Video Session? Yes No

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

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? _____

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/exercise

Primary Care Physician Name _____ Phone _____



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Name _____

Date of Birth _____

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
- Thyroid disorder
- Asthma
- Anorexia and/or bulimia
- Wheelchair/scooter dependent
- Diabetes
- Reflux
- Stomach ulcer
- Arthritis
- Osteoporosis
- Urinary incontinence
- Depression
- Anxiety
- Heavy snoring
- Polycystic ovarian syndrome
- 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?

If completing this form via our website, please return to:

Bariatric Surgical Coordinator
3380 Blvd. of the Allies
Pittsburgh, PA 15213
Phone: 412-641-3744
Fax: 412-641-3640

For Office Use Only – Please do not write below this line

Assessment: <input type="radio"/> S <input type="radio"/> HRM <input type="radio"/> HRP <input type="radio"/> MWL <input type="radio"/> A <input type="radio"/> REV <input type="radio"/> BBMI
BMI: <input type="radio"/> < 35 <input type="radio"/> 35-39 <input type="radio"/> > 70
Patient Contacted Date _____ Name _____
Reviewed By _____ Date _____



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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