



Surgical Consultants of Dallas, L.L.C

Bariatric Post-Op Follow-Up

Patient Name: _____ DOB: _____

Which procedure did you have done?

Date of Surgery: _____

- Sleeve gastrectomy
- Gastric bypass
- Revision

What was your pre-operative weight? _____

What is your current weight? _____

What is your goal weight? _____

Prior to surgery, did you have any of the following medical conditions?

Diabetes

- Yes
- No

Current Medications: _____

Hypertension (High blood pressure)

- Yes
- No

Current Medications: _____

Hyperlipidemia (High cholesterol)

- Yes
- No

Current Medications: _____

Obstructive sleep apnea

- Yes
- No

Are you prescribed a CPAP machine or other device for sleep apnea?

- Yes; how often are you using the machine / device? _____
- No

Do you have gastro-esophageal reflux disease (acid reflux or heartburn)?

- Yes
- No

Current Medications: _____



Patient Name: _____ DOB: _____

Are you having any issues or concerns related to your surgery?

Do you have any nausea or vomiting? _____

Do you have any difficulty swallowing? _____

I am taking the following vitamins and supplements:

- Multivitamin
- Vitamin B12
- Vitamin D
- Calcium
- Iron
- Vitamin C
- Biotin and/or Zinc
- Others:

I average about _____ calories per day.

I average about _____ gm of protein per day.

I drink about _____ oz of water per day.

Are there any foods that you struggle to eat or cause symptoms? _____
