



Welcome and thank you for choosing PeaceHealth to start your weight loss surgery journey! You have made an important and difficult step toward a healthier life and we are happy to be here to support you.

As the information in this packet explains, PeaceHealth Surgery offers patients two weight loss surgery options: gastric bypass and sleeve gastrectomy.

We invite you to look through the information provided, be sure you have contacted your insurance company, and complete the enclosed application if you decide to continue with PeaceHealth for your surgery.

You will find the following in this packet:

1. Welcome Letter
2. Steps Towards Weight Loss Surgery
3. Program Application (4 pages)
4. Directions to Clinic
5. Frequently Asked Questions
6. Consultation/Health and Lifestyle form (8 pages) not needed until you see your surgeon

We look forward to speaking with you about the opportunities to restore your health and reclaim your life.

To your health,

Colin MacColl, MD
Medical Director- Bariatric Surgeon



Steps toward Weight Loss Surgery

1. Referral from your primary care provider
2. Informational Seminar-Watch Online or Attend In Person
3. Confirm your own insurance coverage for weight loss surgery

Please complete this step prior to filling out your application

- a) Call the customer service phone number on the back of your insurance card(s) and ask, "Does my policy have a Bariatric Surgery benefit?"

If asked, you can give the following codes:

Diagnosis code (ICD-10):	Morbid obesity	E66.01
Procedure codes (CPT):	Laparoscopic Gastric Bypass:	43644
	Laparoscopic Sleeve Gastrectomy:	43775

We will obtain authorization for your clinic visits, if required by your insurance, unless your insurance requires that the referral comes from your Primary Care Provider. We will work with your Primary Care Provider, if needed.

4. Complete PeaceHealth Medical Group Surgery application and mail it to:

PeaceHealth Medical Group Surgery
3377 RiverBend Dr.
Springfield, OR 97477

- Completely fill out the insurance page of the application. We process applications in the order received. Processing includes review of medical history and detailed verification of benefits.

5. Office visit with Surgeon
6. Complete lab work- Not all insurance companies cover the cost of labs, please be aware of your benefits for labs
7. Complete evaluations and testing with our psychologist and dietitians- allow at least 3 hours for this process
8. **After you have completed the provider evaluations our team will meet to review your application into the program.**
9. **Acceptance into Program**

10. Complete pre-surgical requirements, weight loss goal (if established), lab work, and/or other diagnostic tests ordered for you by your surgeon
11. Attend Pre Operative Nutrition Education classes
12. Surgery authorization is obtained
13. Schedule your surgery date
14. Pre Operative Class, office visit with your surgeon, and appointment with Anesthesia Clinic. This appointment usually occurs directly after your pre-operative appointment with your surgeon. This will usually take half a day total.
15. Surgery
16. Post-operative appointments- 2 weeks, 6 weeks, 3 months, 6 months, and annually

PEACEHEALTH SURGERY - BARIATRIC PROGRAM APPLICATION

LAST NAME			
FIRST NAME		MI	OTHER LAST NAME(S) USED
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED			SOCIAL SECURITY NUMBER
ADDRESS CODE		CITY	STATE ZIP
HOME PHONE NUMBER		WORK PHONE NUMBER	CELL PHONE NUMBER
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED <input type="checkbox"/> DISABLED <input type="checkbox"/> UNEMPLOYED			
OCCUPATION		EMPLOYER	
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER
PRIMARY CARE PROVIDER NAME (FIRST AND LAST)		CITY/STATE	PHONE
SURGERY OPTIONS: PLEASE INDICATE THE SURGERY YOU ARE INTERESTED IN HAVING AT THIS TIME (IF KNOWN) <input type="checkbox"/> GASTRIC BYPASS <input type="checkbox"/> SLEEVE GASTRECTOMY			
CURRENT HEIGHT:		CURRENT WEIGHT:	
ANY PREVIOUS BARIATRIC SURGERY? <input type="checkbox"/> NO <input type="checkbox"/> YES- YOU MUST COMPLETE AN ESTABLISH CARE APPLICATION- CALL THE CLINIC DIRECTLY-541-222-2700			

SURGICAL HISTORY

PLEASE LIST ALL SURGERIES:

TYPE OF SURGERY	LOCATION CITY/STATE	YEAR

Patient Information

Name
MRN
DOB

Updated 6/18/2019

PeaceHealth Medical Group
Bariatric Surgery Program Application
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PEACEHEALTH SURGERY - BARIATRIC PROGRAM APPLICATION

**PLEASE COMPLETE ALL FIELDS THOROUGHLY.
MISSING INFORMATION MAY RESULT IN A DELAY IN SCHEDULING YOUR CONSULTATION.**

**PRIMARY INSURANCE COMPANY
(FILL OUT COMPLETELY AND PROVIDE PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD PLEASE DO NOT SEND ORIGINAL)**

INSURANCE COMPANY NAME BARIATRIC BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS		
CITY	STATE	ZIP
POLICY HOLDER'S NAME	DOB	RELATIONSHIP TO PATIENT
POLICY NUMBER	GROUP/ PLAN NUMBER	EFFECTIVE DATE
CUSTOMER SERVICE PHONE NUMBER	PROVIDER INQUIRY/PRE-CERTIFICATION PHONE NUMBER	

Patient Information

Name
MRN
DOB

Updated 6/18/2019

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PEACEHEALTH SURGERY - BARIATRIC PROGRAM APPLICATION

SECONDARY INSURANCE COMPANY

(FILL OUT COMPLETELY AND PROVIDE COPY OF BOTH SIDES OF YOUR INSURANCE CARD)

INSURANCE COMPANY NAME		
BARIATRIC BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS		
CITY	STATE	ZIP
POLICY HOLDER'S NAME	DOB	RELATIONSHIP TO PATIENT
POLICY NUMBER	GROUP/ PLAN NUMBER	EFFECTIVE DATE
CUSTOMER SERVICE PHONE NUMBER	PROVIDER INQUIRY/PRE-CERTIFICATION PHONE NUMBER	

MEDICAL CONDITION(S):

CONDITION	DIAGNOSED BY PHYSICIAN?	TREATMENT
ABLE TO WALK / PERFORM DAILY ACTIVITIES	Y N	TAKING MEDICATION(S)? Y N
MECHANICAL ARTHROPOTHY	Y N	TAKING MEDICATION(S)? Y N
FATTY LIVER DISEASE	Y N	TAKING MEDICATION(S)? Y N
LIVER DISEASE	Y N	TAKING MEDICATION(S)? Y N
NASH	Y N	TAKING MEDICATION(S)? Y N
CIRRHOSIS	Y N	TAKING MEDICATION(S)? Y N
GERD	Y N	TAKING MEDICATION(S)? Y N
PCOS	Y N	TAKING MEDICATION(S)? Y N
CONGESTIVE HEART FAILUR/CHF/HEART FAILURE	Y N	TAKING MEDICATION(S)? Y N
DIABETES		INSULIN Y N
TYPE I	Y N	ORAL MEDICATION(S) Y N
TYPE II		
HYPERLIPIDEMIA/HIGH CHOLESTEROL	Y N	TAKING MEDICATION(S)? Y N

Patient Information

Name
MRN
DOB

Updated 6/18/2019

PeaceHealth Medical Group
Bariatric Surgery Program Application
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PEACEHEALTH SURGERY - BARIATRIC PROGRAM APPLICATION

FOR OFFICE USE ONLY					
MRN	DATE APPLICATION REC'D	<input type="checkbox"/> SEMINAR: DATE ONLINE/IN PERSON			
BMI _____ <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> HYPERLIPIDEMIA <input type="checkbox"/> DIABETES <input type="checkbox"/> SLEEP APNEA <input type="checkbox"/> GERD <input type="checkbox"/> PCOS <input type="checkbox"/> ABLE TO WALK/PERFORM DAILY ACTIVITIES <input type="checkbox"/> MECHANICAL ARTHROTHOPY IN WEIGHT BEARING JOINTS <input type="checkbox"/> CHF/CONGESTIVE HEART FAILURE/HEART FAILURE <input type="checkbox"/> NASH/FATTY LIVER/CIRROHSIS					
PRIMARY INSURANCE					REF/PA REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
SECONDARY INSURANCE					REF/PA REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
SURGICAL EVAL	DATE		TIME		SURGEON
NOTES					
HYPERTENSION/ HIGH BLOOD PRESSURE		Y	N	TAKING MEDICATION(S)?	
		Y	N		
OBSTRUCTIVE SLEEP APNEA		Y	N	CPAP or BiPAP	
		Y	N		
SOCIAL HISTORY: DO YOU : DRINK ALCOHOL?		Y	N	_____ # GLASSES/BEERS PER DAY	
USE ANY FORM OF NICOTINE (CIGARETTES, VAPE, CHEW, etc)** **DISCONTINUE ANY USE 30 DAYS PRIOR TO SCHEDULING APPOINTMENT AS WILL DELAY PROGRAM START		Y	N	_____ # CIGARETTES PER DAY	
USE MARIJUANA (ANY FORM) **		Y	N	HOW OFTEN?	
ANY OTHER ILLICT DRUG USE		Y	N	WHAT TYPE?	

DIRECTIONS

PeaceHealth Medical Group Surgery

Bariatric/General/Minimally Invasive Surgery

Riverbend Pavilion Bldg

3377 Riverbend Drive – 2nd Floor

Springfield, OR 97477

541-222-2700

Parking Garage “C” is attached to the Riverbend Pavilion building. Not the Main Hospital

The Pavilion Building **does not** have a blue roof awning.

A map is included on the backside of this page. The Pavilion and parking garage C are circled.

Please note: The Riverbend Pavilion can only be accessed from the parking garage through the **ground floor** or the **3rd floor**.

- Use the green double doors to enter the Riverbend Pavilion building
- Do not use the blue doors or sky bridge

When you are inside the building, take the elevator or stairs to the ***2nd floor***.

- Once out of the elevator, continue forward past Gastroenterology to the last desk.

If you get lost, please call us for more precise directions 541-222-2700

Frequently Asked Questions

Q: How soon can I schedule my first appointment, after you receive my application?

A: We are eager to meet you during your first visit with our surgeons. Once we receive the application, it can take us up to 2 weeks to review your application and confirm your benefit coverage. If you have a concern about our receiving your application, please call us. We will contact you to schedule your first appointment as soon as we have confirmed you are ready.

Q: How much will this cost?

A: Total cost for the program requirements and surgery, aside from any additional testing required, can range from approximately \$26,000-\$47,000. This does not take into consideration your insurance.

During your first office visit, you will be given an estimated cost sheet, which will help you understand your own benefits. We do our best to work with you to have shared understanding. Again, these are only estimates and do not guarantee any out of pocket costs.

If you **do not** have insurance benefits to cover your surgery, we offer a cash pay price.

Blood work/labs ordered are not always covered by your insurance company, but are required for the surgeons to have a broad understanding of your current health status. These can cost up \$1700.00, if none of them are covered by your insurance.

Anesthesia services are provided by a group outside of PeaceHealth and this is billed to your insurance separately. You should be prepared to see this as a separate bill after surgery.

Q: Do you offer financing?

A: PeaceHealth has a department dedicated to receiving payments and handling any balances that are due, Patient Financial Services, PFS.

If you need financing for the entire bariatric program, we do not offer financing. Bariatric surgery and its related testing appointments are not covered by Peace Health Charity Coverage Bridge and Bridge Pathways.

Q: How long will all the program requirements take, so I can have surgery?

A: The length of your program depend on your insurance requirements, the additional testing that may be required for you to be approved for surgery, our pre operative classes, and obtaining authorization from your surgery.

Each patient is different, but will range from 4 months to 1 year for completion.

Q: I have Trillium/Oregon Health Plan but don't have type 2 diabetes I was told I am borderline, what do I do now?

A: Oregon Health Plan and Trillium dropped this requirement as of January 2018. If your BMI is between 35-40, you will be required to have an additional medical problem that is related to obesity. If you have a BMI greater than 40, this is not required.

If you are unsure, please turn in an application for us to review and we will contact you to discuss further.

Q: When will I be weighed on a scale?

A: Be aware that you will be weighed at all office visits. We can do weight checks outside of your office visits, but those need to be scheduled in advance. We currently offer these visits Monday and Wednesday. Feel free to call our clinic to schedule this type of visit.

Q: Do you provide surgery to remove extra skin after surgery/weight loss?

A: This type of surgery is often seen as a plastic surgery and is not a surgery our surgeons perform. We are happy to make a referral, if you are interested in this after surgery.

Some insurance companies have benefit coverage for pannus removal (excess skin) based on medical necessity. You will need to call your insurance and inquire about this benefit.

Q: Who do you recommend for non-surgical weight loss?

A: There are several non-surgical weight loss programs in our community, including Weight Watchers, Jenny Craig, etc. Monarch Medical is now accepting more insurance plans for medical weight loss; check with them for more information at 541-686-2911.

These resources are all good options for medical weight loss. You can also speak with your primary care provider about local options.

Please let us know if there are questions not addressed in this FAQ. We hope to support you get your questions answered.

Thank you.

PHMG Surgery

Surgeon Office Visit Paperwork NOT APPLICATION

Please bring all prescriptions, vitamins, and other supplements
in their original bottles to your first appointment.

NAME _____

PHMG Surgery

Health & Lifestyle Information

Health History

Please mark anything that *you the patient* have experienced in your lifetime

CARDIOVASCULAR DISEASE:

- Angina/ Chest Pain
- Congestive Heart Failure
- Deep Venous Thrombosis (DVT) or Pulmonary Embolism (PE)
- High blood pressure (Hypertension) On Medication
- Heart Disease (Including heart attack, heart surgery, or abnormal cardiac testing)
- Leg edema (swelling, water retention in legs)
- Peripheral Vascular Disease/ circulation problems (Including stroke or TIA)
- Hyperlipidemia (high cholesterol level) On Medication

GASTROINTESTINAL:

- Cholelithiasis (Gallstones)
- GERD (Acid Reflux, Heartburn) On Medication Anti-reflux surgery (e.g. Nissen Fundoplication)
- Liver Disease Cirrhosis
- Abdominal Hernia

GENERAL:

- Functional Status (ability to walk): Independent With assistive device (walker, cane, etc.) Unable
- Unexplained Bleeding
- Known Bleeding Disorder _____

METABOLIC:

- Diabetes On oral medication On insulin

MUSCULOSKELETAL:

- Back Pain Fibromyalgia Musculoskeletal Problems (joint or foot pain) Gout

PSYCHOSOCIAL:

- Confirmed Mental Health diagnosis** Bipolar disorder Anxiety or panic disorder
- Personality disorder History of psychosis Depression

Alcohol Use None Rare (yearly) Occasional (weekly to monthly) Frequent (daily)

Substance Abuse (Prescription or Illegal drugs) No history of drug abuse History of drug abuse
 Currently using. What types and how often used: _____

Tobacco Use Never Quit Rare (less than monthly) Occasional (weekly to monthly) Frequent (daily)
Current/Past Use: What kind and how often? _____

PULMONARY:

Patient Information

Name:

MRUN:

Date:

OBC web / Forms / Program Application (7/13/2015)

PeaceHealth Medical Group

OBC Health & Lifestyle Information

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PHMG Surgery

Health & Lifestyle Information

- Asthma
 Obstructive Sleep Apnea On CPAP/ BiPAP

STOP-Bang Scoring Model:

Complete these questions ***if you have NOT already been diagnosed with sleep apnea.***

1. Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No
2. Tired: Do you often feel tired, fatigued, or sleepy during daytime?
Yes No
3. Observed: Has anyone observed you stop breathing during your sleep?
Yes No
4. Pressure: Do you have or are you being treated for high blood pressure?
Yes No
5. BMI: Is your BMI score higher than 35?
Yes No
6. Age: Are you over 50 years old?
Yes No
7. Neck Circumference: Is your neck circumference greater than 40 cm?
Yes No
8. Gender: Are you male?
Yes No

High risk of OSA: answering yes to three or more items

Low risk of OSA: answering yes to less than three items

REPRODUCTIVE:

- Menstrual Irregularities (Other than polycystic ovarian syndrome):
 Polycystic Ovarian Syndrome:

OTHER MEDICAL HISTORY NOT LISTED ABOVE:

- Blood transfusion
 Hepatitis Type? _____
 Inflammatory Bowel Disease (Crohn's, ulcerative colitis, etc.)
 Kidney Disease Explain: _____
 Thyroid Problems Explain: _____
 Other: _____

Patient Information

Name:

MRUN:

Date:

OBC web / Forms / Program Application (7/13/2015)

PeaceHealth Medical Group

OBC Health & Lifestyle Information

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PHMG Surgery

Health & Lifestyle Information

Please list below all serious illnesses, injuries and hospitalizations you have experienced in adulthood:

<u>Major Illness or injury</u>	<u>Date</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all previous surgeries:

<u>Surgery</u>	<u>Date</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior weight loss surgery. What type and when: _____

Please indicate if *someone in your family* (Father, Mother, Sister, or Brother) has a history of:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weight loss surgery |
| <input type="checkbox"/> Other _____ | | |

REVIEW OF SYSTEMS

Patient Information

Name:

MRUN:

Date:

OBC web / Forms / Program Application (7/13/2015)

PeaceHealth Medical Group

OBC Health & Lifestyle Information

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PHMG Surgery

Health & Lifestyle Information

Check if you are currently experiencing the following:

GENERAL

- Fever
- Chills
- Sweats
- Fatigue
- Weakness
- Malaise
- Night Sweats
- Weight Loss
- Exercise Intolerance

EYES

- Vision Loss- One Eye
- Vision Loss- Both Eyes
- Double Vision
- Eye Irritation
- Blurring
- Eye Pain
- Halos
- Eye Discharge
- Loss of Night Vision

EARS, NOSE AND THROAT

- Ringing/Buzzing in Ears
- Ear Discharge
- Earache
- Decreased Hearing
- Nasal Congestion
- Runny Nose
- Nosebleeds
- Difficulty Swallowing
- Hoarseness
- Sore Throat
- Lump in Throat

CARDIOVASCULAR

- Pain in Neck/Arm
- History of Heart Attack
- Chest Pain/ Discomfort
- Skipping Heartbeat
- Pounding Heart
- Heart Murmur
- Abnormal EKG
- Palpitations
- Irregular Heartbeat
- Swelling in Hands/Feet

RESPIRATORY

- Cough
- Use of Two Pillows
- Shortness of Breath
- Chest Discomfort
- Blood in Sputum
- Wheezing

GASTROINTESTINAL

- Excessive Appetite
- Loss of Appetite
- Indigestion
- Vomiting Blood
- Nausea
- Vomiting
- Yellow Skin Color
- Gas
- Abdominal Pain
- Abdominal Bloating
- Hemorrhoids
- Diarrhea
- Change in Bowel Habits
- Constipation
- Dark, Tarry Stools
- Blood in the Stools

GENITOURINARY

- Urinary Tract Infection
- Blood in Urine
- Urinary Frequency
- Urinary Urgency
- Kidney/Bladder Stones
- Trouble Starting Stream
- Painful Urination
- Nighttime Urination
- Urinary Incontinence
- Discharge from Penis
- Erectile Dysfunction
- Vaginal Discharge
- Missed Periods
- Abnormal Vag Bleeding
- Pain with Intercourse

MUSCULOSKELETAL

- Muscle Cramps
- Joint Pain
- Joint Swelling
- Joint Fluid Present
- Back Pain
- Hip/Knee/Ankle Pain
- Foot Pain
- Shoulder/Arm/Wrist Pain
- Muscle Weakness
- Arthritis
- Gout
- Slipped/Herniated Disk
- Sciatica

DERMATOLOGICAL

- Excessive Perspiration

- Suspicious Lesions
- Poor Wound Healing
- Skin Cancer
- Flushing
- Rash

NEUROLOGICAL

- Poor Balance
- Headaches
- Coordination Difficulty
- Numbness/Tingling
- Falling Down
- Tingling
- Seizures/Convulsions
- Weakness
- Vertigo/Spinning
- Tremors
- Fainting
- Weak Grip

PSYCHOLOGICAL

- Nervousness
- Anxiety
- Thoughts of Suicide
- Suicide Attempts
- Depression
- Psychiatric Treatment
- Counseling

ENDOCRINE

- Excessive Hunger
- Cold Intolerance
- Heat Intolerance
- Excessive Urination
- Excessive Thirst
- Weight Change
- Abnormal Thyroid

HEMATOLOGY

- Enlarged Lymph Nodes
- Bleeding
- Skin Discoloration
- Abnormal Bruising
- Blood Clots in Leg(s)
- Blood Clots in Lungs

BREAST

- Left Breast Lump
- Right Breast Lump
- Nipple Discharge
- Breast Pain
- Abnormal Mammogram
- Breast Enlargement

Patient Information

Name:

MRUN:

Date:

OBC web / Forms / Program Application (7/13/2015)

PeaceHealth Medical Group

OBC Health & Lifestyle Information

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PHMG Surgery

Health & Lifestyle Information

Please estimate as closely as possible for all that apply

At what age did your weight become an issue for you? _____

Approximate age when you first seriously dieted: _____

Lowest Weight in Past 5 Years: _____

Highest Weight in Past 5 Years: _____

DIET HISTORY:

List the diets and diet programs that you have tried

Program	(Circle)	Date	Duration	MD Supervised?	Max Loss
Acupuncture	Yes / No				
Atkins	Yes / No				
Jenny Craig	Yes / No				
Monarch	Yes / No				
Nutri-Systems	Yes / No				
Optifast	Yes / No				
Overeaters Anonymous	Yes / No				
Weight Watchers	Yes / No				
T.O.P.S.	Yes / No				
Other:					

List any weight loss medications that you have taken in the past:

List any other diets and/or weight loss methods you've tried not listed above:

List any physician-supervised weight loss attempts not listed above:

EATING AND EXERCISE HABITS

Are you on a diet at this time? Yes No If yes, what type diet or plan: _____

How long have you been following it? _____ How much weight have you lost on it? _____

Patient Information

Name: _____
 MRUN: _____
 Date: _____

OBC web / Forms / Program Application (7/13/2015)

PeaceHealth Medical Group
OBC Health & Lifestyle Information
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PHMG Surgery

Health & Lifestyle Information

Do you have any food allergies or intolerances? Yes No If yes, to what? _____

Do you take any vitamin or mineral supplements? Yes No If yes, what types and how often? _____

Do you follow any diet restrictions for other medical conditions (e.g. diabetes)? _____

Do you follow any religious or cultural food restrictions? _____

Are you vegetarian? Yes No If yes, how strictly do you avoid meat, fish and dairy products? _____

Are you opposed to eating a high protein diet? Yes No

How many meals do you eat in a typical day? _____ Which ones? (Breakfast/Lunch/Dinner)

Who does the cooking in your home? _____

Are you responsible for preparing meals for other people (e.g. children, spouse)? _____

Where do you usually eat your meals (e.g. at the table, in front of the TV)? _____

Do you ever eat in your car? Yes No If yes, how often? _____

Which of the following add the most extra calories to your diet? Check all that apply

- Convenience foods. (e.g. frozen pizzas or dinners) Which types? _____
- Fast foods. How often and what do you typically order? _____
- Fried foods. (e.g. chicken, French fries) Which types? _____
- Large portions. All foods or some item(s) in particular? _____
- Salty foods. (e.g. chips, crackers) Which are your favorites? _____
- Snacking. When and what types of foods do you snack on? _____
- Starchy foods. (e.g. breads, pasta). Which types? _____
- Sweets. (e.g. chocolate, ice cream) Which are your favorites? _____
- Other. Specify: _____

How often do you consume the following types of beverages?

	Types	How much and how often?
Alcoholic beverages		
Caffeinated beverages		
Fruit Juices and fruit drinks		
Other (e.g. Snapple, Sobe)		
Soda Pop		
Water		

From what you may have already read or heard, what are your biggest concerns about the dietary changes that you will be required to make after surgery? _____

Do you currently exercise? Yes No If yes, how often and what types of activity do you engage in? _____

FOOD RECORD

Keep a record of what you eat and drink for 2 days in a row. Include one weekday and one weekend day, if possible. Don't forget to include snacks and fluids.

Patient Information

Name: _____

MRUN: _____

Date: _____

OBC web / Forms / Program Application (7/13/2015)

PeaceHealth Medical Group

OBC Health & Lifestyle Information

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