

I would like to make an appointment tonight for the future
I prefer an am pm either time _____

Which surgeon would you prefer?

- Sami Hamamji, M.D. Jeffrey Johnsrud, M.D.
 Eric Pham, M.D. No preference/first available

I have authorization for **Dr.:** _____

As a courtesy to you, we will book your appt. Please contact the surgeon's office if you need to make a change.

Lecture Date: _____

Questionnaire must be turned in on the evening of the lecture.

BARIATRIC SURGERY QUESTIONNAIRE

Patient Name: _____

Patient Address: _____

Patient Home Phone Number: _____

Patient Work Phone Number: _____

Patient Cell Phone Number: _____

Email Address: _____

Date of Birth _____ Age _____ Height _____ Weight _____ BMI _____

Support Person _____

Primary Care/ Referring Physician _____

Address _____

City, State Zip _____

Phone Number _____ Fax Number _____

Insurance: _____ PPO EPO HMO POS

If HMO, please list IPA/Medical Group: _____

(located at the bottom of your insurance card)

How did you hear about our program?

- St. Joseph Hospital website Obesityhelp.com
 Yellow Pages Hospital Referral Feeling Great Bariatric Care Center Flyer
 Physician Name: _____
 Friend Name: _____
 Other _____

Have you had previous weight loss surgery? Yes No

If yes, what year? _____ What type? _____

Where (Name of facility or surgeon)? _____

Do you currently smoke? Yes No Have you smoked in the past 6 months? Yes No

I am interested in: Adjustable Gastric Bypass Non-surgical Weight Loss
Gastric Banding Surgery

Please do not call me. I will call for further information. Yes

For Office Use Only: Surgeon: _____ Consult Date: _____

Patient is a Candidate for: Adjustable Gastric Bypass Non-surgical Weight Loss
Gastric Banding Surgery