



1200000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

NUTRITION EVALUATION — GASTRIC BYPASS / GASTRIC BAND WORK UP

DIET HISTORY:

Sweets:

"Problem" foods:

Speed of eating/drinking: FAST MEDIUM SLOW

Has blender? Yes No

Current vitamin/supplement/herbal usage:

Weight history/previous attempts at weight loss and results:

BEVERAGES

- Sweetened beverage
- Minimal kcal beverages
- Milk
- Water
- other

PHYSICAL ACTIVITY:

- Weight Watchers
- TOPS
- RD/physician supervised
- Prescription diet pills
- Non-prescription diet pills
- Slim fast
- Cabbage soup diet
- High protein/low carbs
- High carbs/low fat
- OTHER (explain)

AGE:

SEX:

PM Hx:

Ht:

Wt:

Ideal wt:

BMI:

Pt's "Goal" wt: (Bypass: ↓ 66% excess; Band: ↓ 47% excess):

Pertinent Meds:

Family support? Yes No

Pt educated on post-op nutrition guidelines. Questions answered and written references provided.

Pt's goals:

Pt meets / does not meet anthropometric criteria for surgery.

Pt does / does not demonstrate adequate comprehension and readiness for post-op guidelines.

Comments/Expected compliance:

Recommendations:

Dietitian: _____ PIC: _____ Date: _____ Time: _____