

Bariatric Surgery Supplemental Form

Age of obesity onset _____ How many years have you been at your present weight? ___ -

Highest weight over last 10 years: _____ Lowest weight over last 10
years: _____

Greatest single weight loss: _____ Weight loss was sustained
for _____ months

Diet History:

NAME OF PROGRAM	YEAR & LENGTH OF PARTICIPATION	WEIGHT LOSS

Weight History:

YEAR	WEIGHT (pounds)
2016	
2015	
2014	
2013	
2012	

Social History:

_____ Single _____ Married _____ Divorced Number of children: _____

Tobacco use: _____ Alcohol: _____ Other Drug Use: _____

Occupation: _____ Are you disabled or on disability? ___ Yes ___ No

Education: _____ High School _____ College Graduate _____ Graduate Degree