

On-Line Bariatric Seminar Questionnaire

Prior to your initial consultation it is mandatory to watch the on-line seminar. The following questions must be answered and the questionnaire signed and dated. Your answers will be reviewed and discussed during your initial visit to ensure that you have a good understanding of the procedures, expected weight loss and potential complications. Please print and bring the completed questionnaire to your consultation.

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Patient Name (please PRINT)

Date of Birth

- 1) What is your calculated Body Mass Index (BMI)? \_\_\_\_\_
- 2) Bariatric surgery is the only method available to lose weight. True \_\_\_\_\_ or False \_\_\_\_\_
- 3) The expected weight loss is the same for gastric bypass, sleeve gastrectomy and lap band  
True \_\_\_\_\_ or False \_\_\_\_\_
- 4) I may be asked to lose weight prior to surgery. True \_\_\_\_\_ or False \_\_\_\_\_
- 5) Bariatric surgery alone will get me to my ideal body weight. True \_\_\_\_\_ or False \_\_\_\_\_
- 6) After bariatric surgery NO significant dietary changes are needed for long-term success.  
True \_\_\_\_\_ or False \_\_\_\_\_
- 7) By quitting smoking, losing weight before surgery and receiving blood thinners prior to the procedure complications can be ELIMINATED. True \_\_\_\_\_ or False \_\_\_\_\_
- 8) The sleeve gastrectomy is a REVERSIBLE procedure. True \_\_\_\_\_ or False \_\_\_\_\_
- 9) The risk of a "leak" after gastric bypass and sleeve gastrectomy is less than 1%. True \_\_\_\_\_ or False \_\_\_\_\_
- 10) A complication after surgery may require other operations or procedures to correct.  
True \_\_\_\_\_ or False \_\_\_\_\_
- 11) After surgery, vitamin and mineral supplements are MANDATORY. True \_\_\_\_\_ or False \_\_\_\_\_
- 12) I may not lose the expected amount of weight after bariatric surgery. True \_\_\_\_\_ or False \_\_\_\_\_
- 13) One year after surgery NO further follow-up is required. True \_\_\_\_\_ or False \_\_\_\_\_
- 14) Weight loss surgery is the SAFEST way to lose weight. True \_\_\_\_\_ or False \_\_\_\_\_
- 15) After successful bariatric surgery I can still regain lost weight. True \_\_\_\_\_ or False \_\_\_\_\_

By signing below you are acknowledging that you have watched the on-line seminar in its entirety.

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Patient Signature

Date on-line seminar was viewed