



HEALTH RECORD ORGANIZER

BARIATRIC SURGERY

TRACK • MANAGE • MAINTAIN

This planner belongs to:

Bariatric Surgery Overview



PERSONAL INFORMATION

NAME:

DATE OF BIRTH:

PRIMARY CARE PROVIDER:

BARIATRIC SURGEON:

CLINIC / HOSPITAL:



SURGERY TYPE

☐ GASTRIC SLEEVE

☐ GASTRIC BYPASS

☐ DUODENAL SWITCH

☐ LAP BAND

SURGERY DATE:

PRE-SURGERY WEIGHT:

GOAL WEIGHT:

PROVIDER

SPECIALTY

PHONE

EXAMPLES = SURGEON - NUTRITIONIST - THERAPIST - PRIMARY CARE

NOTES

Surgery Options



PROCEDURE	PROS	CONS
GASTRIC SLEEVE		
GASTRIC BYPASS		
DUODENAL SWITCH		
LAP BAND		
QUESTIONS FOR MY SURGEON (EXPECTED WEIGHT LOSS, RECOVERY TIMELINE, RISKS, DIETARY RESTRICTIONS):		
RESEARCH NOTES:		

Bariatric Surgeon Consultation Log



DATE	SURGEON	LOCATION	TOPICS DISCUSSED	RECOMMENDATIONS	NEXT STEPS
NOTES					

Insurance Approval Tracker



DATE SUBMITTED	INSURANCE PROVIDER	REQUIRED DOCUMENTS	STATUS	APPROVAL DATE
COMMON REQUIREMENTS = MEDICAL NECESSITY LETTER - WEIGHT HISTORY - SUPERVISED DIET PROGRAM - PSYCHOLOGICAL EVALUATION				
NOTES				

Pre-Surgery Requirements



PRE-SURGERY REQUIREMENTS CHECKLIST

☐

INITIAL SURGICAL CONSULTATION

☐

INSURANCE APPROVAL

☐

NUTRITION COUNSELING

☐

PSYCHOLOGICAL EVALUATION

☐

MEDICAL CLEARANCE

☐

BLOODWORK AND TESTING

☐

PRE-OPERATIVE DIET

☐

EDUCATION CLASSES

☐☐☐☐☐☐☐

NOTES

Pre-Surgery Weight Loss Tracker



DATE	WEIGHT	CHANGE	DIET PLAN	EXERCISE
TOTAL WEIGHT LOSS BEFORE SURGERY:				
NOTES				

Pre-Surgery Appointment Tracker



DATE	TIME	PROVIDER	LOCATION	OUTCOME	FOLLOW-UP

EXAMPLES = NUTRITION CONSULTATION - PSYCHOLOGICAL EVALUATION - LAB TESTING - PRE-OP PHYSICAL

NOTES



Thank You

FOR PREVIEWING!



You've just viewed a sample of this planner.
The complete version includes even more pages to help you
stay organized, plan with confidence, and reach your goals.

THE COMPLETE PLANNER INCLUDES:



FULL PLANNER

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sections
included



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to keep you
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