

Bariatric Surgery Referral Checklist

Consumer Name: _____ Consumer Number: _____
 Date: _____ Patient Date of Birth: _____
 Referring Practitioner: _____ PCP: _____

Checklist: (initial screening checklist to determine the medical necessity of bariatric surgery)

All information below to be completed by Primary Care Physician

Patient's Age _____	
Patient's Body Mass Index (BMI) _____	
Height _____	Weight _____
Prior participation in conservative weight management program(s) Y ____ N ____ (check) If yes to above, list program name(s), date(s) and duration. _____ _____	
Presence of one or more of the following co-morbidities	(check)
Moderate to severe sleep apnea	
Symptomatic hip, knee, or ankle arthritis (osteoarthritis documented on x-ray)	
Poorly controlled hypertension (BP >160/100 and 3 or more meds required used together)	
Poorly controlled diabetes (HBA1C >10 despite lifestyle modification and meds and/or insulin)	
Obstructive venous lymphatic return (with chronic non-healing ulcers or recurrent cellulitis)	
Other:	

Signature of Referring Physician for Above: _____

ALL INFORMATION BELOW TO BE COMPLETED BY BARIATRIC SURGERY PROGRAM CASE MANAGER

Criteria Category	Response
Receipt of prepayment of weight management program for 1 year	_____ Copy of receipt attached

Result of Psychosocial Assessment – Evaluation Attached	<input type="checkbox"/> Good -- candidate demonstrates ability to compliant with post-op program <input type="checkbox"/> Concerns about compliance.
Cardiology Assessment – Evaluation attached	<input type="checkbox"/> No Cardiac Issues <input type="checkbox"/> Left Ventricular ejection fraction of <40%
Pulmonary Assessment – Evaluation Attached	<input type="checkbox"/> No Pulmonary Issues <input type="checkbox"/> Significant Pulmonary Issues
Contraindication	<input type="checkbox"/> Has None <input type="checkbox"/> Has the following: _____ _____

Signature of Bariatric Surgery Case Manager _____

FAX TO CLINICAL REVIEW: Toll Free 1-844-660-0717

The patient's medical record will also be reviewed.