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INTRODUCTION

Thank you for your inquiry regarding obesity (bariatric) surgery. I specialize in advanced laparoscopic surgery and I devote the majority of my practice to laparoscopic weight loss surgery. Currently, I only perform the Roux-en-Y Gastric Bypass, LAP-BAND® implantation, as well as sleeve gastrectomy. I also do revisions of failed weight loss operations. The Roux-en-Y gastric bypass is considered the 'Gold Standard' and is performed by 80% of obesity surgeons in the country. Most insurance companies authorize it. The LAP-BAND® has been popular, but high failure and reoperation rates have led to a loss of enthusiasm for this procedure. Sleeve gastrectomy is becoming increasingly popular, and is now the fastest growing procedure around the world.

There are numerous issues regarding these procedures that we will need to discuss during your office visit. Therefore, I would greatly appreciate if you would investigate the numerous issues surrounding obesity surgery on the internet prior to your appointment. Please also review the list of complications and changes listed below. Expect to spend about 10-20 hours reviewing all of the available information. You should have several well informed questions to ask during your 1 hour appointment with me. Bear in mind that many websites are biased and discuss only the procedure that is being performed within that program.

I recommend the following websites:

1. Obesitysurgerybook.com: you can purchase the book for about \$29.00 and it is very useful as it is comprehensive and unbiased. Detail about the procedures is reasonable and I will answer additional questions for you. It is more oriented towards patients interested in the Roux en Y gastric bypass.
2. Obesityhelp.com: Good resource for patients to learn more about obesity surgery.
3. ASBS.org: Organization of Bariatric surgeons.
4. Obesity.org: Official site of the American Obesity Association.
5. Obesitylaw.com: Helpful tips on how to get faster approvals from insurance companies. I strongly recommend this for any patients who have concerns about their insurance.
6. Advancedpatient.com: website of a company that specializes in loans for patients.

ARE YOU A CANDIDATE?

Please use a BMI calculator on a website to determine if your BMI is high enough. The National Institute of Health guidelines established in 1991 state a candidate should:

- Be at least 100 pounds over ideal body weight
- Have a body mass index(BMI) over 40
- **Or** have a BMI over 35 along with significant co-morbidities such as: diabetes, sleep apnea, hypertension, cardiovascular disease
- **Or** have a BMI over 35 along with significant obesity-induced physical problems which severely interfere with your ability to do things such as: walking, working, caring for your family
- **And** have no significant contraindications to surgery
- **And** you must be a nonsmoker and consume minimal alcohol (my criteria).

THE OFFICE

My office is in Bloomfield Hills, Michigan. All appointment and surgery scheduling is handled through this office. Any questions you may have or additional information you wish to send in can be sent by fax (248-334-5484) or email. You can reach me at info@drpleatman.com. I answer my emails numerous times each day and on the weekends. Just leave your phone numbers if you need me to call you back. You can also call us in the office between 9:00 and 5:00 pm Monday through Friday. The office email address is pleatmanoffice@comcast.net. Questions for office staff can be sent to that address. Before and after these hours you will get the answering service. Usually, only postoperative patients need to call at these hours.

WHAT NEEDS TO BE DONE TO BE SCHEDULED FOR SURGERY

1. **Patient history (starting on page 10):** Please complete this in detail and bring it with you to your office consultation. Do not wait to complete this at the time of your visit. I will use this and our office visit to prepare a comprehensive evaluation that will be used for insurance authorization and to return to your primary care physician. It is also necessary to have a letter of support and medical clearance from your primary care doctor (sample letter found on Page 5).
2. **Preoperative evaluations:** These evaluations can be done in your home town or I can refer you to the appropriate physicians. Please be sure copies of reports are faxed to me and get a hard copy for yourself for extra security. Do not rely on physician's offices or hospitals to relay test results as this will most likely lead to a long delay. A copy for the hospital pre-admitting appointment will help prevent delays and cancellations on the day of surgery. All tests should be done within 90 days of surgery. The following algorithm will help expedite the entire process and improve your chances of getting authorized for surgery:
 - a. **All insurance patients need psychological clearance.** This can be done in your home town by a local psychologist or we can refer you to one near where you live. Let your psychologist know that I am concerned about whether you have a drug dependency history, alcohol abuse history and any underlying psychological issues. I also want to be sure you understand the implications of the surgery and you have a good support system of friends and family.
 - b. **All patients need lab tests:** These tests are generally done at the hospital's preadmission visit.
 - c. **Select patients will need more:** Patients who are over the age of 40 or have any history related to their heart or lungs will need a chest X ray and ECG. These should be done within one month of surgery. Patients who are super obese (BMI > 50), have limited mobility, used Phen Fen for more than two months or have a history of heart problems will also need an Echocardiogram. Should you have an abnormal ECG and/or Echocardiogram you may need to have a complete cardiac evaluation by a Cardiologist which may include cardiac stress tests.
 - d. **Sleep studies:** Sleep studies can diagnose Obstructive Sleep Apnea. This is a condition in which air cannot flow into or out of the nose or mouth, resulting in pauses in breathing (apnea) during sleep. These events can lead to low levels of oxygen that can lead to heart attacks, high blood pressure, stroke and even death. Treatment for this prior to surgery can reduce the chances of having a complication. Treatment involves the use of CPAP or BI-PAP which involves

wearing a mask, while you sleep, that forces air through the nose. After surgery, sleep apnea will resolve with weight loss. There are two main reasons to have a sleep study. If you answer yes to 3 or more of the sleep apnea questions in the patient questionnaire then some physicians believe that you should have the study and may possibly need CPAP. On the other hand, since the problem will probably resolve after you lose weight, it may be reasonable to not do the study unless you are symptomatic enough to want to be treated even if only for a short time. If your BMI is between 35 and 40 Kg/M2 and you are concerned that you do not have enough medical comorbidities to get your insurance company to authorize the surgery, then a sleep study may diagnose sleep apnea and help support the need for surgery. Your primary care physician or my office (if your insurance lets me) can simply write a prescription referral for a Consultation, Diagnostic and Therapeutic (CPAP/BiPAP) Sleep Study.

3. **Insurance Authorization:** Please see the guidelines that we have compiled on the next several pages to assist you in obtaining insurance authorization. This is usually the most time-intensive process, and if you are able to complete this prior to seeing us in consultation, we will be able to expedite the scheduling of your surgery. All insurance authorizations will be submitted to your insurance company within 48 hours of receipt of all required medical documentation. If we do not hear back within one week then we will contact them again and ask that they make it a priority.

INSURANCE AUTHORIZATION

We are committed to providing the highest level of care possible, but we also realize that it is difficult for many patients to pay for the costs associated with this quality of care. Therefore, we make every effort to work with you and your insurance company to get the surgical procedure authorized. To do this we need your help. We ask that you follow the steps below to help facilitate the entire process. **Please document, document, document every step of the way.**

Prepare yourself

1. **Be informed:** Go to the internet and gather useful tips on how to be prepared. You must review obesitylaw.com. Go to the articles section and review “so you want to get your insurance company to cover surgery?” Walter Lindstrom has a “top ten” list of what to do and he knows. You can also review obesityhelp.com. There is a sample letter of medical necessity. Be sure you are informed on the insurance issues but also on the surgical issues. Attending at least one support group is critical. This is where you can ask important insurance questions of other patients who have had similar experiences.
2. **Personal information:** You should ***know your height, weight, BMI, diet history and medical problems related to obesity***. Most primary care physicians will write a supportive letter detailing the medical necessity for you. Remember that BMI calculators are on many websites. Have your insurance card available at all times.

3. **Know the Diagnosis and Procedure codes:**

<u>Diagnosis code for morbid obesity:</u>	278.01
<u>Procedure codes for surgery:</u>	
Roux-en-Y gastric bypass, laparoscopic	43644
Laparoscopic Sleeve Gastrectomy	43775
Adjustable gastric banding (LapBand®)	43770

Step 2. Start making appointments.

- a. You can fill out the questionnaire that you downloaded from the website and send it back to us with a request for an appointment, once you have attended our **free** informational session. A schedule of dates and times can be found on the homepage of our website
Date and time of appointment: _____
- b. **Psychological Consult:** Many patients already have a therapist or know of one. If this is the case, please give your therapist a copy of **Letter to Psychologist**, (found on Page 6) to help your therapist judge your readiness for weight reduction surgery and as a guide for the letter we need. If you don't have a therapist, please call our office (248) 334-5444 for a referral.
Date and time of appointment: _____
- c. **Letter of Medical Clearance from your Primary Care Physician.** Since your Primary Care doctor will be required to provide a letter of medical clearance with specific documentation to Dr. Pleatman, it is important that you schedule an appointment no more than 90 days prior to your estimated date of surgery. Your doctor may want to perform a complete physical before providing this letter, so make sure you schedule your appointment in a timely manner.

Request a letter be sent to Dr. Pleatman with the following information: the results of this examination, your medical history including all co-morbidities, a statement of your weight-related medical problems, a list of all weight loss attempts/outcomes, especially physician-directed weight loss programs and to indicate that he/she feels the surgery is medically necessary . Bring your questionnaire with you, as this will help your doctor. **Your doctor's letter should also include information about your medical problems that are under treatment, as well as "clearance for surgery" and recommendations for your perioperative care.**

If your doctor needs more information on what surgical weight reduction is, let them know that they can call us and we would be happy to send them information or look on the website.

Date and time of appointment: _____

* Be sure to ask all of the individuals you see to fax copies of the reports to our office at (248)-334-5484. It is also a good idea to obtain hard copies for yourself.

Step 3: What we do

When you have your appointment with your surgeon an evaluation will be dictated that will be sent, along with the required documentation, to your insurance company requesting authorization for surgery. We will also like discuss an approximate date for surgery with you, usually within about 3-6 weeks of your appointment, provided all of the necessary items are completed.

NEW! FOR PATIENTS WITH NO INSURANCE COVERAGE

We are now able to offer a package prices for LapBand, Roux-en-Y gastric bypass, and Vertical Sleeve Gastrectomy. The price includes preadmission testing, hospitalization, anesthesia fees, and surgical fees, as well as two years of follow-up care (including band fills for LapBand patients).

	LapBand	Roux-en-Y gastric bypass	Sleeve Gastrectomy
Surgeon’s fees	\$ 5000	\$ 6000	\$5000
Anesthesia	\$ 450	\$ 780	\$ 500
Hospital	\$ 7000	\$ 6300	\$5500
Total.....	\$12450	\$13080	\$11000

Note: These prices reflect a discount for patients paying cash. If you are financing your surgery, the surgical fee is slightly higher. Other prices remain the same. Fees for revisional surgery may also be higher. There is also a \$200 initial consultation fee which may be billable to your insurance company even if they don’t cover weight loss surgery. Otherwise there are NO OTHER HIDDEN FEES.

FOR PATIENTS COMING FROM OUT-OF-TOWN

Many of my patients come from far away to have their surgery. Start the process by calling our office or sending me an email. I will speak with you by phone to make sure you are a good candidate for the surgery. We would also like you to get a letter from your personal physician “clearing” you for the surgery. I may ask you to lose a bit of weight before the operation, typically 5-10% of your excess weight.

Most patients come to town on a Tuesday, and then see me in the office on Wednesday. They also meet with our dietitian and go through a “Surgery Prep Class.” The surgery is done on Thursday or Friday, and you are discharged, when ready, to stay in a nearby hotel. I will see you in my office the following week, either Monday or Wednesday, when you are released to return home.

Mark A. Pleatman MD

SAMPLE LETTER FROM PRIMARY CARE PHYSICIAN

ON YOUR PROFESSIONAL LETTERHEAD

(Date)

RE: (Patient's Name)
(Date of Birth)

Dear Dr. Pleatman:

Mr./Mrs./Ms. (Name of Patient) has been a patient of mine for ___ years. The patient is (height) and weighs (weight in lbs.) with a BMI of _____. The patient has been excessively overweight for (period of time) and having attempted and been unsuccessful at many different methods of weight loss, would certainly benefit from Bariatric surgery.

In addition to morbid obesity, the patient is suffering from the following co-morbid conditions: (e.g. diabetes, hypertension, obstructive sleep apnea, hypercholesterolemia, hyperlipidemia, ASHD, exertional dyspnea, urinary incontinence, degenerative joint disease, osteoarthritis, PVD, shortness of breath, etc.)

The patient has tried many methods of weight loss including diet pills (SPECIFIC DATES & LENGTH OF TIME**) with (# of pounds lost and whether it was regained or not), Physician administered diets for (**SPECIFIC DATES & LENGTH OF TIME**) with (# of pounds lost and whether it was regained or not), etc. The patient is limited due to his/her co-morbidities in the ability to exercise but has tried (**LIST ALL ATTEMPTS AND AN SUCCESSES OR REGAINING OF WEIGHT**).

Family medical history is positive for (e.g. Obesity, hypertension, diabetes, hypercholesterolemia, etc.)

I feel that my patient would benefit greatly from bariatric surgery as a tool to help lose the excess weight, lessen the co-morbidities and regain a more healthful life.

Sincerely,

****NOTE TO PCP**

Many insurance companies require written documentation of failed medical management, including a structured, professionally or physician-supervised weight loss program for a minimum of 6 consecutive months prior to the recommendation for bariatric surgery. This should include periodic weights, dietary therapy and physical exercise, as well as behavioral therapy, counseling and pharmacotherapy as indicated. A copy of your medical chart notes would serve as appropriate documentation if you do not want to put this information in your letter.

Finally, we would appreciate it if you could make some comments regarding the patient's current medical problems, stating that they are optimally controlled and that the patient is "cleared" for surgery. Recommendations for perioperative care of unusual problems are always appreciated.

Please mail or fax the report to our office at: 248-334-5484

LETTER TO PSYCHOLOGIST OR PSYCHIATRIST:

Our mutual patient is considering surgical weight reduction and requires an evaluation by a psychologist or psychiatrist. Both the insurance companies and the surgeons require this. Most insurance companies will not authorize the surgery without a letter of support from a psychologist or psychiatrist. It is helpful if you provide documentation on the following issues:

1. How does the patient think the surgery will help?
2. How long has obesity been a problem?
3. Please list and describe some sources of stress in the patient's life.
4. Please provide details of the patient's personal history such as where he/she is from, where he/she lives now, education, marital status, home situation and family interactions, physical and sexual abuse.
5. Provide details of tobacco, alcohol, and recreational drug use.
6. Any history of addictions or substance abuse?
7. Any significant untreated or incompletely treated psychiatric illness?
8. Provide details of depression, suicidal tendencies, eating disorders, compliance issues.
9. Provide details of comprehension of the surgery and the ability to make lifestyle changes.
10. Provide details of compliance in diet, exercise, and lifelong vitamins and follow up.
11. Is the patient reliable? Will he/she be compliant with postoperative instructions?
12. Does the patient understand that noncompliance puts the patient at risk for complications?
13. Does the patient have realistic expectations and understand that numerous complications can occur?
14. Does the patient have adequate support?
15. Is the patient capable of giving informed consent?

Please mail or fax the report to our office at: 248-334-5484

PAYMENT POLICY AND INSURANCE ISSUES

Payment for your initial visit is \$200.00 and is expected at the time of the appointment unless your insurance has office visit coverage. If you are a member of an HMO, **you must obtain a written referral/authorization form** or you will be responsible for the charge. It is useful to check with your insurance plan to see if they even cover weight loss surgery (most do). If there are any problems, it may still be worth your time to make an appointment with me and we can try to sort out the insurance issues. The codes you will need are as follows:

ICD-9

278.01 Morbid Obesity

CPT

43644 Laparoscopy, surgical, gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 150 cm) Roux-en-Y gastroenterostomy.

43770 Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band (LAPBAND®).

43775 Laparoscopic Sleeve Gastrectomy (New, effective January 1, 2010)

I participate with most insurance companies, and they generally cover the cost of surgery (less deductibles and co-pays) and 90 days of post-operative care.

In addition to the fee for surgery, there is a Bariatric Program Fee not reimbursable by your insurance company for, continuing services provided to you for one year following your surgery including postoperative visits(not included in surgery fee), nutritional counseling with registered dietitian, support group meetings and events and ongoing support via telephone and email. This will be discussed at the information session as well as at the time of your surgical consultation.

Patient Risk and Complications

Despite excellent surgical care and 100% patient compliance, complications still occur. We must both work together to reduce the chance of having a complication; and to promptly diagnose and treat any complication that may occur. To this end, it is important to understand the risk group that you are in and to try to reduce it by undergoing proper preoperative evaluation and treatment.

Patients can be classified as being low risk or high risk. Low risk patients are most likely to recover quickly and unlikely to have a significant complication. A typical low patient would be under the age of 40, have a BMI between 35 and 50 Kg/M² and have only one or two medical comorbidities. A high risk patient is more likely to have a complication and needs thorough testing prior to surgery. A typical high risk patient would be someone over the age of 40, a BMI greater than 50Kg/M² and have several medical comorbidities. Please note that even very high risk patients can be operated on safely but it does require careful preoperative planning.

Some medical problems make patients risk higher such as: diabetes; heart disease; steroid dependent asthma; any medical condition requiring blood thinners (Coumadin); and history of prior obesity surgery or prior abdominal surgery.

Some factors may make the surgery more difficult and lead to a conversion to open, such as: fragile tissues, small caliber intestines, poor blood clotting, adhesions and extensive fat within the abdomen.

Patients can try to reduce their risk and optimize their recovery by doing the following in the month or two before surgery: increase activity, try to lose 10% of body weight, quit smoking (mandatory) and quit drinking alcohol.

Checklist of Complications and changes that may occur with weight loss surgery (Please review and be prepared to ask questions at the time of your visit).

1. Stomach may be bypassed (Roux en Y gastric bypass) and may lead to pain or vomiting if you eat too much or too fast.
2. Prolonged hospital stays do occur when patients have complications.
3. These procedures may be deemed investigational by some insurance companies and long term results are limited.
4. Prolonged nausea, weakness and fatigue may occur in the first 3 months as you are entering a period of starvation.
5. Lactose intolerance
6. Gas and bloating
7. Dumping syndrome occurs only with the Roux en Y gastric bypass.
8. Allergic reaction to medications can occur.
9. Bleeding/Blood transfusion is less than 1% so I do not get blood products ready for surgery unless you are high risk for bleeding or have anemia.
10. Conversion to open can occur for the reasons listed above and most surgeons consider this good judgment. I do not believe it is safe for a patient to be on an operating table for more than 3-4 hours so if the procedure is taking too long I will often open. Fortunately, this is uncommon.
11. Musculoskeletal injury: during your hospitalization you will be moved, positioned and transported several times. There have been a few patients who have developed temporary numbness in their hands or feet and even one patient with a shoulder injury.
12. Splenectomy can occur with any operation on the stomach. I have never had to do this but if it does happen you will need a vaccine afterwards.
13. Bile Duct Injury: I have never done this but if it occurs you will need an open operation to fix it.
14. Incidental procedures (gallbladder removal, appendix, ovary, etc): Findings at the time of surgery may lead to this. Patients have had liver tumors, cysts, Meckel's diverticulum, umbilical hernias, etc.
15. Abdominal infection usually occurs with a leak that is diagnosed late. You can become very sick from this and that is why it is important let me know promptly if you feel you are not doing well.

16. Wound Infection or Dehiscence: about 20% of patients have some drainage from their wound and a few of them will need antibiotics to treat it. Some even need to do dressing changes at home.
17. Clostridium difficile colitis: this is a bacterial infection of your colon and can explain why you may have many episodes of diarrhea per day for several days. Let me know if this happens as I may need to treat you with an antibiotic.
18. Atelectasis/pneumonia: This is lung collapse and can be avoided by lots of walking, deep breathing and coughing after surgery.
19. Bladder infection: very uncommon, especially if I get the catheter out of your bladder the morning after surgery.
20. Kidney and/or liver failure: usually only occur if you develop numerous other complications. There are a few reports of patients lost to follow up who developed severe malnutrition and liver failure-so please keep in touch.
21. Kidney stones: may occur years after surgery and this is often related to dehydration so drink plenty of water.
22. Blood clots and pulmonary embolism: These occur in less than 1% of patients and can be avoided by lots of walking and moving your legs while in bed.
23. Intestinal Leak: fortunately, newer techniques have reduced the frequency of these to less than 2%. It is important to pick these up while in the hospital and that is why I have a low threshold for additional x-ray testing while you are in the hospital.
24. Intestinal obstruction: this can occur right after surgery or years afterwards. It is uncommon and can usually be treated without additional surgery. This is true for anyone who has ever had any type of surgery on their abdomen.
25. Stricture: if you develop vomiting after surgery you may need an evaluation for this.
26. Adhesions occur to some degree in everybody. Usually, it is good to have adhesions as they will keep things in place but sometimes they can cause an intestinal obstruction.
27. Reoperation: may be necessary for any of the above.
28. Readmission: may be necessary for any of the above.
29. Multiple organ failure: usually occurs if you have developed numerous other complications. This is very rare.
30. Death: Most surgeons quote a 1% chance of dying from obesity surgery. This is much lower for low risk patients and higher for high risk patients.
31. Acute Cholecystitis: this can occur if your gallbladder is left in. The chance of it occurring can be reduced by taking Actigall during the period of rapid weight loss.
32. Hernias occur about 20% of the time and usually at the umbilical wound.
33. Permanent Alteration of Bowel Movements
34. Permanent Alteration in Dietary Habits(sugar restriction, lactose intolerance)
35. Hair Loss is usually transient.
36. Vitamin and Mineral Deficiencies will most certainly occur if you stop taking your vitamins and will be unlikely to occur if you take your vitamins.
37. Inadequate Weight Loss requiring revisional surgery.
38. Excessive Weight loss requiring revisional surgery.
39. Protein Malnutrition can occur with too rapid of a weight loss and that is why you must be monitored closely in the first year.
40. Psychological changes: these are usually positive but can be stressful so it is important to have a good support system.
41. Lifestyle changes: are usually positive as you become more active. Remember, the surgery is a tool for improving your health and changing to a more active lifestyle. While the early months after surgery are very difficult, most patients are very satisfied and feel their life has been changed.

Patient Signature _____

Date_____

PATIENT HISTORY

Obesity and its associated diseases and risk factors increase mortality and surgical complications. Therefore, it is imperative for safety and insurance purposes that a detailed medical history be performed to justify the associated risk of surgery. Please try to answer the following questions as best as you can. Bring the completed forms with you when you come to the office for your consultation with Dr. Pleatman.

YOUR NAME _____
ADDRESS _____
BUSINESS PHONE _____
HOME PHONE _____
MOBILE PHONE _____
EMAIL ADDRESS _____
SSN _____
DATE OF BIRTH _____
EMERGENCY CONTACT NAME AND TELEPHONE _____

PRIMARY CARE PHYSICIAN (you must have one in order to qualify for the surgery. I can help you find one if you do not have a physician.)

FULL NAME _____
ADDRESS _____
PHONE _____
FAX _____

SPECIALIST PHYSICIAN (pulmonolgist, gastroenterologist, endocrinologist)

NAME _____
ADDRESS _____
PHONE _____
FAX _____

PSYCHOLOGIST/PSYCHIATRIST

NAME _____
ADDRESS _____
PHONE _____
FAX _____

WEIGHT LOSS HISTORY

YOUR NAME:

Many insurance companies require documented evidence of more than 4 previous weight loss attempts so it is critical that you fill this out in detail.

How tall are you? _____
 How much do you weigh? _____
 What was your best weight loss with dieting? _____

NON-SUPERVISED ATTEMPTS

Body for Life/Bill Phillips		Pritikin	
Gloria Marshall		Richard Simmons	
Health Spa		Scarsdale	
High Protein		Stillman Diet	
Hypnosis		Sugar Busters	
Low Carbohydrate		Slim Fast	
Low Fat		Mayo Clinic	
Calorie Counting on my own		Other	
Other		Other	

SUPERVISED DIET ATTEMPTS

Diet Pills from MD	
Diet Shots from MD	
Diet Center	
Overeaters Anonymous	
Optifast	
Weight Watchers	
HMR – Health Management Resources	
Nutri-Systems	
T.O.P.S	
Jenny Craig	
New Direction	
National Weight Loss	
Supervised calorie counting diet by health professionals	
Other?	

MEDICATION PRESCRIBED FOR WEIGHT LOSS

Medications may be listed as both as generic and name brand. Check the one prescribed to you.

Acutrim		Obalan	
Adipex-P		Orlistat	
Amphetamines		Phendiet	
Anorex		Phentermine	
Benzphetamine		Phentrol	
Dexatrim		Plegine	
Dexfenfluramine		Pondimin	
Didrex		Redux	
Fastin		Sanorex	
Fenfluramine		Tepanol	
Ionamin		Tenuate	
Mazanor		Wehless	
Meridia		Xenical	

REVIEW OF MEDICAL PROBLEMS (Please check and/or explain any of the items listed)

CARDIOVASCULAR

Heart Problems	
Chest pains	
Racing Heart/Skipping	
High Blood Pressure	
Chest Tightness	
Shortness of Breath	
SOB while Exercising	
High Cholesterol	
High Triglycerides	
Feel tired all the time	

DIABETES AND ENDOCRINE SYSTEM

Diabetes Mellitus (Type 1 or 2)

When was your diabetes first diagnosed? _____
 How long have you been taking oral agents? _____
 How long have you been taking Insulin? _____
 Does your diabetes resolve with weight loss? _____

Pre-diabetic
(Abnormal glucose tolerance test) _____
 Gestational
 age of diagnosis _____
 Hypoglycemia _____
 Thyroid Problems *(Requiring medication)* _____

GASTROINTESTINAL

Gallbladder Problems

Do you have gallstones diagnosed by ultrasound? _____
 Have you had your gallbladder removed open or laparoscopically? _____

Stomach Ulcers

Have you taken medicine for ulcers? _____

Heartburn

How often do you have heartburn and do you take medications for it? _____

RESPIRATORY

Asthma

Last Attack?

Bronchitis

of times in past 2 yrs?

Is it recurring?

Pneumonia?

Blood Clots in Lungs?

Blood Clots in Legs?

Smoking history

Starting Age?

When did you stop?

How many packs per day?

RESPIRATORY Continued

Sleep apnea history

Do you snore?

Have you been told that you hold your breath or stop breathing during sleep?

Do you wake up gasping for breath?

Do you awaken with headaches?

Do you fall asleep frequently while reading?

Do you have heartburn or "reflux" while sleeping?

Do you have repeated difficulty falling asleep or staying asleep?

Do you often wake up with a dry mouth, sore throat or headache in the morning?

Do you use CPAP or BIPAP?

MUSCULOSKELETAL

	Mild	Moderate	Severe
Hip Pain			
Knee Pain			
Ankle Pain			
Feet Pain			
Back Pain			
Neck Pain			
Arthritis			

Are you using anti-inflammatory or pain medicine?

Do you have swelling of your legs?

Do you have swelling of your feet?

Do you have varicose veins?

Do you have ulcers of the leg?

KIDNEY & BLADDER

Do you spill urine when coughing or laughing?

Have you had bladder or kidney infections?

Have you had kidney stones?

BLOOD

Have you ever had a bleeding problem?

Have you ever had low platelets?

Have you ever had a blood transfusion?

NEURO-PSYCHIATRIC

Depression?

Because of Obesity?

Requiring medication?

Seizures?

Requiring medication?

Severe Headaches?

Requiring medication?

Visual Problems?

Been in counseling?

History of alcohol abuse?

How long have you been sober?

History of drug abuse?

How long have you been clean?

Eating disorder?

Bulimia?

Anorexia Nervosa?

ALLERGIES

Do you have any allergies to medicine?

If so, what was the reaction?

PAST SURGICAL HISTORY

DATE

List type of surgery below:

- Tonsillectomy
- Cholecystectomy (gallbladder removal)
- Appendectomy
- Hysterectomy(removal of uterus)
- Cesarean Section(C-section)
- Oophorectomy(removal of ovary)

HABITS

Do you consume alcohol and if so how much?
 Any other habits that you have?

FOR WOMEN

Have you had problems conceiving?
 How many pregnancies have you had?
 How many children do you have?
 Any pain with your period?

MEDICATIONS (Report name, dose and frequency and what you are taking it for)

Medication	Dosage	Frequency	Condition

SOCIAL

Describe your work and home life (family members, etc.):

Name a close, supportive friend or family member that I can talk to:

FAMILY HISTORY (Parents, Grandparents, Brothers, Sisters)

Mother Father Sibling Aunt/Uncle Grandparent

Obesity					
Diabetes					
Heart Disease					
High Blood Pressure					
Cancer					
Arthritis					
Early Death					
Cause					

MINIMALLY INVASIVE WEIGHT LOSS SURGERY

MARK A. PLEATMAN, MD, FACS

KEEPING A FOOD DIARY

Instructions

The information you record in your food diary will help you, Dr. Pleatman, and our dietitian, design an eating program to meet your special needs. These instructions will help you get the most out of your food diary. Generally, food diaries are meant to be kept for a whole week, but studies have shown that even keeping track of what you eat for a few days can help you make changes in your diet.

HELPFUL HINTS

1. Don't change your eating habits while you're keeping your food diary unless the doctor/dietitian has given you specific instructions to do so.
2. Tell the truth. There's nothing to be gained by trying to look good on these forms. Dr. Pleatman and the dietitian can help only if you record what you really eat.
3. Record what you eat on all days recommended.
4. Be sure to bring the completed forms back with you to your next appointment with the dietitian.

DIARY CATEGORIES

1. **HOW MUCH:** Indicate the amount of the particular food item you ate. Estimate the size (2"x1"x1"), the volume (1/2 cup), the weight (2 oz.) and/or the number of items of that type of food (6 pretzels).
2. **WHAT KIND:** Write down the type of food you ate. Be as specific as you can. Include sauces and gravies. Remember to write down "extras" such as soda pop, salad dressing, mayonnaise, butter, sour cream, sugar and ketchup and the amount.
3. **WHERE:** Write what room or part of the house you were in when you ate. If you ate in a restaurant, fast-food chain or your car, write that location down.
4. **ALONE OR WITH WHOM:** If you ate by yourself, write "alone". If you were with friends or family members, list them.
5. **ACTIVITY:** In this column, list any activities you were doing while you were eating (for example, working, watching TV, ironing, reading).
6. **MOOD:** Write down how you were feeling while you were eating (for example, sad, happy, depressed)? This is very good and important way to track your "problem" emotions.

BASIC RULES TO REMEMBER

1. **WRITE DOWN EVERYTHING:** Keep your diary with you all day, and write down everything you eat or drink. A piece of candy, a handful of pretzels, a can of soda pop or a small donut may not seem like much at the time, but over a week these calories add up!
2. **DO IT NOW:** Don't depend on your memory at the end of the day. Record your eating and drinking as you go.
3. **BE SPECIFIC:** If you ate a cheeseburger, write it down. Make sure you include "extras", such as gravy on your meat or cheese on your vegetables. Record french fries as french fries, not as potatoes.
4. **ESTIMATE AMOUNTS:** If you had a piece of cake, estimate the size (2"x1"x2"). If you had a vegetable, record how much you are (1/4 cup or 2 cups?). When eating meat, remember that a 3 ounce cooked portion is about the size of a deck of cards.

**USING A NOTEBOOK OR PAPER, SET UP YOUR DIARY AS SHOWN BELOW:
SAMPLE FOOD DIARY**

Food or Drink						
How much	What kind	Time	Where	Alone or with whom	Activity	Mood
3	Chocolate chip cookies	3:25 p.m.	Office	Alone	Working on a report	Bored
1	Cheeseburger	6:15 p.m.	Burger King	Claire, Jackie	Talking	Happy
1	Regular french fries					
1	Vanilla shake					
1	Haagen Dazs ice cream	10:00 p.m.	Kitchen	Alone	Watching TV	Tired

NAME:

DATES FROM/TO:

Food or Drink						
Amount	List Food and/or Drink	Time	Where	Alone or with whom	Activity	Mood
Day#1						
Day#2						
Day#3						