

NAME: _____

DATE OF EVALUATION: _____

SURGEON: _____

**NAVAL MEDICAL CENTER SAN DIEGO BARIATRIC SURGERY
PRE-OPERATIVE CHECKLIST**

REQUIRED FOR ALL PATIENTS:

| <u>Need</u> | <u>Done</u> | <u>Date</u> | | <u>Location</u> |
|-------------|-------------|-------------|--|-------------------------------------|
| <u>X</u> | ___ | ___ | Two Educational Classes (See calendar-no registration necessary) | Gen Surgery Clinic - Bldg 3, Deck 4 |
| <u>X</u> | ___ | ___ | PASSING GRADE ON WRITTEN TEST | |
| <u>X</u> | ___ | ___ | Attend 1 Support Group Meeting - Pre-Op (See calendar for dates) | Gen Surgery Clinic - Bldg 3, Deck 4 |
| <u>X</u> | ___ | ___ | Nutrition Consult (Call for appt) | Gen Surgery Clinic - Bldg 3, Deck 4 |
| <u>X</u> | ___ | ___ | Healthy Weigh Class - (Call for appt) | Wellness Center - Bldg 26 |
| ___ | ___ | ___ | 6-Month Weight Loss Management | Wellness Center - Bldg 26 |
| <u>X</u> | ___ | ___ | Blood and urine tests (12 hour fasting) - 3 months before surgery | Lab - Bldg 1, Deck 3 |
| ___ | ___ | ___ | Nicotine Panel | Lab - Bldg 1, Deck 3 |
| <u>X</u> | ___ | ___ | Psychology Consult (Call for appt) | See Provider List Below |
| <u>X</u> | ___ | ___ | PAP documented & current within one year | |
| ___ | ___ | ___ | Mammogram documented & current within one year (40 years & older) | |
| <u>X</u> | ___ | ___ | Lose _____ pounds (10% excess body weight) | SPEC WT: _____ |
| <u>X</u> | ___ | ___ | Start a Food Journal and Exercise Program | |
| <u>X</u> | ___ | ___ | Read and sign Bariatric Consent - MUST RETURN during your Pre-Op appointment | |
| <u>X</u> | ___ | ___ | CALL Deborah Romero when ALL Pre-Op requirements are completed | |

AS INDICATED FOR INDIVIDUAL PATIENT: Age: _____ F M

| <u>Need</u> | <u>Done</u> | <u>Date</u> | | <u>Location</u> |
|-------------|-------------|-------------|---|-------------------------------------|
| <u>X</u> | ___ | ___ | Upper GI (Call for appt) | Radiology - Bldg 1, Deck 2 |
| <u>X</u> | ___ | ___ | Chest X-Ray (No appt necessary) | Radiology - Bldg 1, Deck 2 |
| <u>X</u> | ___ | ___ | EKG (No appt necessary) - 1 month before surgery | Pre-Op Anesthesia - Bldg 1, Deck 4 |
| ___ | ___ | ___ | Gallbladder Ultra-Sound (Call for appt) | Radiology - Bldg 1, Deck 2 |
| ___ | ___ | ___ | EGD (Must be scheduled) | Gen Surgery Clinic - Bldg 3, Deck 4 |
| ___ | ___ | ___ | Colonoscopy (Patients > 50 yrs old) | Gen Surgery Clinic - Bldg 3, Deck 4 |
| ___ | ___ | ___ | Echocardiogram (Call for appt) | Cardiology Clinic - Bldg 3, Deck 3 |
| ___ | ___ | ___ | Internal Medicine Consult (Call for appt) | Int. Med. Clinic - Bldg 3, Deck 3 |
| ___ | ___ | ___ | Cardiology Consult (Call for appt) | Cardiology Clinic - Bldg 3, Deck 3 |
| <u>X</u> | ___ | ___ | Pulmonary Consult for *OSA* (Call for appt) | Pulmonary Clinic - Bldg 3, Deck 3 |
| ___ | ___ | ___ | Pulmonary Function Test (Call for appt) | |
| ___ | ___ | ___ | Smoker: Yes or No ***MUST STOP SMOKING FOR 3 MONTHS PRIOR TO SURGERY*** | |

Phone: _____

| | |
|-----------------------------------|-------------------------------|
| General Surgery Front Desk | (619) 532-7576 |
| Cardiology Clinic | (619) 532-7400 |
| General Surgery Clinic Front Desk | (619) 532-7575 |
| Internal Medicine Clinic | (619) 532-7500 |
| Nutrition | (619) 532-6992 or 7636 |
| Wellness Center | (619) 532-6846 |
| Pulmonary Medicine Clinic | (619) 532-6679 |
| Pulmonary Function Tests | (619) 532-7619 |
| Radiology | (619) 532-8666 |

Psychologists Accepting Tri-Care Prime*

Dennis Wood, Ph.D.
158 C Avenue
Coronado, CA 92118
619- 435-5400

Dan Whitehead, Ph.D.
2515 Camino del Rio S, Ste 114
San Diego, CA 92108
619-518-2051

Thomas D. Harpley, Ph.D.
3554 Front Street
San Diego, CA 92103
619-296-9809

PLEASE FAX ALL OUTSIDE MEDICAL REPORTS TO: BARIATRIC SURGERY 619-532-9544