

Bay Bariatric Surgery
Kevin L. Huguet, M.D.

General Surgery
Laparoscopic Surgery
Bariatric Surgery

Website: <http://baysurgicalweightloss.com>

BARIATRIC HISTORY

Patient Name: _____

Date: _____

PRESENT ILLNESS **(Requirement for Insurance to approve, please fill out completely)**

Describe in your own words how long you have been overweight and your reason(s) for surgical evaluation:

1. Have you attended a weight loss seminar by Dr. Huguet or Dr. Rossidis Yes ___ No ___ When? _____
2. What is your lowest weight in the past 5 years? _____
3. What is your highest weight in the past 5 years? _____
4. Do you have sleep apnea? Yes ___ No ___ Do you use CPAP? Yes ___ No ___
5. Do you snore? Yes ___ No ___ Are you sleepy during the day? Yes ___ No ___
6. Do you have Schizophrenia or Bipolar? Yes ___ No ___ If yes, are you on medication? _____
7. Are you on Prednisone for any reason? If so, Why? _____

Diet History **(Requirement for Insurance to approve, please fill out completely)**

List all recent supervised diet plans and diet medications you have recently used.

Name of diet	When	Amount of weight loss & remarks
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Exercise History **(Requirement for Insurance to approve, please fill out completely)**

List current or recent exercise plans you have used:
