

**GASTRIC BYPASS****\$25 fee for failure to turn in form before the day of any telephone appt!**

Name: \_\_\_\_\_

Date \_\_\_\_\_

**What is your main concern?** \_\_\_\_\_**How many times do you eat solid food daily?** One Two Three

Other \_\_\_\_\_ What do you eat and when? \_\_\_\_\_

Is at least 50% of your meal lean protein? Yes No If no, why? \_\_\_\_\_

**What is your "Low Blood Sugar" feeling?** \_\_\_\_\_**Do you ALWAYS wait for your low blood sugar feeling before you eat solid food?** Yes No**If "No", how often do you eat without feeling low blood sugar?**

Never Occasionally, several times a week Frequently, at least everyday

What time of day does this usually occur? \_\_\_\_\_

What are your usual snack foods? \_\_\_\_\_

**How many grams of protein do you get JUST IN YOUR DRINKS per day?** \_\_\_\_\_**How much water do you drink in a 24 hour period?**

64 ounces (8 cups) or more 4-7 cups, at least 24 ounces (3 cups) or less

What do you drink other than water? \_\_\_\_\_ How much? \_\_\_\_\_

**Vitamins: Do you take them every day?**

Yes Name of your multivitamin \_\_\_\_\_ How many? \_\_\_\_\_

No If no, how often? \_\_\_\_\_

Sublingual B12? Yes No How often? \_\_\_\_\_

Calcium Yes No Name \_\_\_\_\_ Dosage \_\_\_\_\_

Iron Yes No Name \_\_\_\_\_ Dosage \_\_\_\_\_

B Complex Yes No Name \_\_\_\_\_

**Current medications:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_\_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_**Exercise per week:****Cardio:** Less than once intermittently 2-3 times 3-5 times 4-6 times daily**Duration:** 30 minutes 30-60 minutes more than 60 minutes

What activity do you do for cardio? \_\_\_\_\_

What is your goal heart rate? \_\_\_\_\_ Actual heart rate during cardio \_\_\_\_\_

**Weight Lifting:** Less than once intermittently 2-3 times 3-5 times 4-6 times daily

What kind of weight lifting do you do? \_\_\_\_\_

**Do you have sugar or fat intolerances?** ☐ No ☐

Yes Comments \_\_\_\_\_

**How often do you attend support group?** \_\_\_\_\_**Are you happy that you had the surgery?** Yes No

