

# Pathway to Bariatric Surgery

Please fax completed document to 902-425-8292

Patient Name: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
DOB: \_\_\_\_\_

Onset of Obesity: <age 10, 11-19, >age 19 (circle)

WLS Program Start Date: \_\_\_\_\_  
(date patient began following these orders)

The following orders are to direct GPs and NPs who are working with patients to prepare for Weight Loss Surgery (WLS) in NSH Primary Care areas.

## Baseline Clinical data:

Weight (lbs.): \_\_\_\_\_  
Height (feet): \_\_\_\_\_  
BMI: \_\_\_\_\_  
BP: \_\_\_\_\_  
Waist circumference (inches): \_\_\_\_\_

Labs: (at least once and Q 3m as appropriate)  
Include: CBC, ac glucose, A1c, BUN, Creatinine, CRP, HDL, LDL, Triglycerides, Ratio, Ca+, AST, ALT, Alk Phos, GGT, Vitamin B12, Vitamin D, TSH  
**\*Copy to Kara Evers NP, Fax 902-425-8292**

## Co-morbidities:

- ☐ Diabetes/Prediabetes
- ☐ HTN
- ☐ Dyslipidemia
- ☐ Sleep Apnea (C-Pap Y or N)
- ☐ Reflux
- ☐ Chronic pain
- ☐ Awaiting Hip or Knee Replacement
- ☐ Asthma/COPD
- ☐ Chronic skin infections
- ☐ History of MI or Stroke
- ☐ Depression/ History of Depression
- ☐ Thyroid disease
- ☐ Fatty Liver Disease
- ☐ Cholecystectomy
- ☐ Other \_\_\_\_\_

**Smoker:** Yes or No

If Yes—Smoking cessation plan needed as patients must be smoke free for **6 months** prior to WLS

## Psychological Assessment:

- ☐ Motivated for behavior change
- ☐ Not motivated for behavior change
- ☐ Emotional eating
- ☐ Stress eating
- ☐ Mindless eating
- ☐ History of suicide attempts
- ☐ History of emotional abuse
- ☐ History of physical abuse
- ☐ History of sexual abuse
- ☐ History of binge eating
- ☐ History of skipping meals
- ☐ History of drug or alcohol abuse

## Obesity Medication Management Considerations:

- Saxenda with WLS Program Diets
- Xenical with WLS Program Diets
- Contrave with WLS Program Diets
- Wegovy with WLS Program Diets

## Instructions for Patients ready to begin WLS Program:

- ☐ Go to the Halifax Obesity Network and assemble a binder with information posted on the website under the category Information/Handouts
- ☐ Watch posted videos on the website of the Bariatric Surgery Team
- ☐ Book monthly appointments with GP/NP for assessment
- ☐ Connect with community supports as appropriate. (psychologist, personal trainer, physiotherapist, dietitian, nurse)
- ☐ Complete labs Q 3m

## Communication with WLS Team:

- ☐ Ready to be seen. **My patient has followed the Program for 3 consecutive months with success**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/NP Name (Print)

\_\_\_\_\_  
Physician/NP Signature