PACIFIC LAPAROSCOPY *progress notes*

SURGERY FOR MORBID OBESITY
ADVANCED LAPAROSCOPIC AND ENDOCRINE SURGERY

John M. Rabkin, MD, FACS

NAME:_____ AGE:____ DATE:_____

Chief Problem

_____

_____

❑ Consultation / initial visit
❑ Pre-operative visit
❑ Follow-up
❑ Other _____

Surgery Date _____
Pre-op Quality of life (1-10) _____
Current Quality of life (1-10) _____
How much weight have you lost in the last month? _____

Pre Surg. Conditions	N/A	Resolved	Better	Same	Worse
Cholesterol	❑	❑	❑	❑	❑
Depression	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑
GERD	❑	❑	❑	❑	❑
Hypertension	❑	❑	❑	❑	❑
Joint Disease	❑	❑	❑	❑	❑
Sleep Apnea	❑	❑	❑	❑	❑
Shortness of breath	❑	❑	❑	❑	❑
Urinary Incontinence	❑	❑	❑	❑	❑
Other _____	❑	❑	❑	❑	❑

MEDICATIONS

Please List _____
_____
_____
_____
_____
_____

VITAMIN SUPPLEMENTS
(Please indicate brand)
❑ Calcium Citrate _____
❑ Iron Brand _____
❑ Multivitamin _____
Are you taking them regularly?
❑ YES NO

AVERAGE DAILY INTAKE (servings)

Fresh Fruits _____
Fruit Juice _____
Dairy (cheese/milk) _____
Drinks (with sugar) _____
Water _____
Sweets _____
Fats _____
Protein (grams)
• Brkfst _____
• Lunch _____
• Dinner _____
# of Meals/Day _____
Bowel Movements _____
If more than 4/day:
• High Fat Intake ☐ YES ☐ NO
• Lactose Intake ☐ YES ☐ NO

SYMPTOMS	None	Monthly	Weekly	Daily	Meds
Abdominal Pain/Bloating	❑	❑	❑	❑	❑
Joint Pain	❑	❑	❑	❑	❑
Incision Discomfort	❑	❑	❑	❑	❑
Frequent Diarrhea	❑	❑	❑	❑	❑
Gas Odor	❑	❑	❑	❑	❑
Heartburn/Acid	❑	❑	❑	❑	❑
Fatigue	❑	❑	❑	❑	❑
Hemorrhoids	❑	❑	❑	❑	❑
Leg Swelling	❑	❑	❑	❑	❑
Nausea	❑	❑	❑	❑	❑
Vomiting	❑	❑	❑	❑	❑
Hair thinning/loss	❑	❑	❑	❑	❑
Depression	❑	❑	❑	❑	❑

EXERCISE

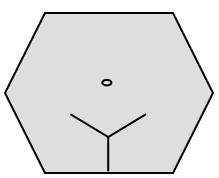
❑ Rare
❑ 3 or less / week
❑ 4 or more / week
❑ Cardio _____ duration
❑ Resistance _____ duration

GROUP MEETINGS:
Do you attend? ☐ YES ☐ NO
Location: _____
How often: _____

Email:_____

OFFICE USE ONLY:
BP:_____ P:_____ T: _____ PO2: _____
LABS: _____
_____
CC: _____
_____
HEENT: _____
HEART: _____
LUNG: _____
ABD: _____
INCIS: _____
EXT: _____

Height	_____
Pre-op Weight	_____
Pre-Op BMI	_____
Current Weight	_____
Weight Lost	_____
BMI	_____
Pre-op Fat Mass	_____
Current Fat Mass	_____
Pre-op FFM	_____
Current FFM	_____
Pre-op Fat%	_____
Current Fat %	_____



REC: _____
_____
_____
_____ MD/PA Signature:_____

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