Entered: _ _ / _ _ / 20_ _   Initials: _________   Verified: _ _ / _ _ / 20 _ _   Initials: _________

For office use only.

LABS-2 Pre-operative Update Form (PU2) – Version: 12/15/2006 FORMV

Patient ID __ __ __ - __ __ __ __- __ __ **ID**

Evaluation Date PU2DAT __ __ / __ __ / 20 __ __ (mm dd yy)

Certification number: ___ ___ ___ ___ ___ **CERT**

Consent Date **DOC2DAT** __ __ / __ __ / 20 __ __ (mm dd yy)

Surgery Date **SURGDAT** __ __ / __ __ / 20 __ __ (mm dd yy)

1. Weight: __ __ __ (lbs) **WGT**

2. How was weight measured? **WGTMEAS**
   - ☐ 1. Tanita Scale
   - ☐ 2. Other Scale
   - ☐ 3. Last available bed weight
   - ☐ 4. Estimate

2. Smoking status: **SMOKE**
   - ☐ 1. Never smoked
   - ☐ 2. Current: → Age started regularly: _____ **CIGSTART** Average packs/day: _____ **CIGAVE**
   - ☐ 3. Former: → Age started regularly: _____ **CIGSTART** Age quit: _____ **CIGQUIT** Average packs/day: _____ **CIGAVE**

3. Planned procedure:
   - ☐ 1. Gastric bypass (Roux-en-Y) **PROC**
   - ☐ 2. Biliopancreatic diversion (BPD)
   - ☐ 3. Biliopancreatic diversion with Doudenal Switch (BPDS)
   - ☐ 4. Laparoscopic adjustable gastric band (LAGB)
   - ☐ 5. Sleeve gastrectomy-initial stage
   - ☐ 6. Sleeve gastrectomy- second stage **SGA** →
     - ☐ 1. Gastric bypass (Roux-en-Y)
     - ☐ 2. BPD
     - ☐ 3. BPDS
   - ☐ 7. Other (Specify: ______ **PROCS**_____________)
   - ☐ 8. Banded Gastric bypass (Gastric bypass + non-adjustable band)
   - ☐ 9. Vertical Banded Gastroplasty
   - ☐ -3. Unknown at this time

4. Planned approach: **APPRCH** ☐ 1. Laparoscopic ☐ 2. Open ☐ -3. Unknown

5. Is the planned procedure a revision? ☐ 0. No ☐ 1. Yes **REVIS**

6. Is the planned procedure a reversal? ☐ 0. No ☐ 1. Yes **REVER**

7. Most recent laboratory value within 180 days of surgery:

	Blood Draw Date	Not done		Blood Draw Date	Not done
Fasting Glucose:_______ mg/dl **FPG**	_ _ / _ _ / _ _ _ _ **FPGDAT**	☐	AST (SGOT):______ IU/L **AST**	_ _ / _ _ / _ _ _ _ **ASTDAT**	☐
Creatinine:_________ mg/dl **CREAT**	_ _ / _ _ / _ _ _ _ **CREATDAT**	☐	Hematocrit: ___ ___.___% **HMTCRT**	_ _ / _ _ / _ _ _ _ **HMTCRDAT**	☐
Albumin: _________ g/dl **ALB**	_ _ / _ _ / _ _ _ _ **ALBDAT**	☐	Triglycerides: _______ mg/dl **TRIG**	_ _ / _ _ / _ _ _ _ **TRIGDAT**	☐
HbA1C: ___ ___ . ___ % **HBA1C**	_ _ / _ _ / _ _ _ _ **HBA1CDAT**	☐	HDL: ______________ mg/dl **HDL**	_ _ / _ _ / _ _ _ _ **HDLDAT**	☐
Normal HbA1C **High** range: ___ ___.___% **HBA1CHI**			Total Cholesterol: ____ mg/dl **TC**	_ _ / _ _ / _ _ _ _ **TCDAT**	☐
ALT (SGPT): ______ IU/L **ALT**	_ _ / _ _ / _ _ _ _ **ALTDAT**	☐	Alkaline Phosphatase: ____ IU/L **ALK**	_ _ / _ _ / _ _ _ _ **ALKDAT**	☐

8. Medications in the past 90 days: (check "no" or "yes" for each item)

No	Yes	
☐	☐	Therapeutic oral/IV immunosuppressant **IMMUNO**
☐	☐	Therapeutic anticoagulation **ANTIC**
☐	☐	Narcotic **NARC**

- ☐ ☐ Statin or other lipid lowering agent **STATIN**
- ☐ ☐ Antidepressant **ADEPRS**
- ☐ ☐ Beta-blocker **BETAB**

9. Blood pressure: ______ / ______ (mmHg)
Systolic / Diastolic
SBP / **DBP**

7.1 How was blood pressure measured? **BPMEAS**
- ☐ 1. Mercury
- ☐ 2. Gauge
- ☐ 3. Electronic

10 Comorbidities:

Comorbidity	No	Yes		*If yes, check the one best response*
a. Hypertension **HTN**	☐	☐	→ **HTNS**	☐ 1. No medication ☐ 2. Single medication ☐ 3. Multiple medications
b. Diabetes **DM**	☐	☐	→ **DMS**	☐ 1. No medication ☐ 2. Single oral medication ☐ 3. Multiple oral medication ☐ 4. Insulin ☐ 5. Oral meds and insulin
c. CHF **CHF**	☐	☐	→ **CHFS**	NYHC: ☐ I ☐ II ☐ III ☐ IV ☐ *Unknown*
d. Asthma **ASTH**	☐	☐	→ **ASTHS**	☐ 1. History of Intubation ☐ 2. No History of Intubation

e. Functional Status **FS** ☐ 1. Can walk (length of grocery store aisle) 200 ft unassisted ☐ 2. Able to walk 200 ft with assist device (cane, walker) ☐ 3. Cannot walk 200 ft with assist device ☐ -3. Unknown

Comorbidity	No	Yes		Check "No" or "Yes" for each item		
				No	**Yes**	
f. History of DVT/PE **DVT**	☐	☐	→	☐	☐	Documented DVT **DOCDVT**
				☐	☐	Documented PE **DOCPE**
				☐	☐	Venous edema w/ ulceration **VEDEMA**
g. Sleep apnea **SLPA**	☐	☐	→	☐	☐	C-pap/ Bi-pap **CPAP**
				☐	☐	Supplemental oxygen dependent **OXYDEP**
h. Ischemic Heart Disease **HD**	☐	☐	→	☐	☐	History of MI **HXMI**
				☐	☐	No active ischemia **NOISCH**
				☐	☐	Abnormal EKG but unable to assess ischemia **ABNEKG**
				☐	☐	PCI, CABG **CORINTRV**
				☐	☐	Anti-ischemic medications **AISCHM**
i. Pulmonary hypertension **PULHYP**	☐	☐				

j. History of venous edema with ulcerations? **HXVE** ☐ 0. No ☐ 1. Yes

11. Are there any comorbid conditions the patient may have that could affect clinical outcome following bariatric surgery? ☐ 0. No ☐ 1. Yes
OCOND

11.1 If yes, specify (*do not enter into database*):
____

____

____