

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____
mm dd yy mm dd yy

For office use only.

Short Form – Version: 06/01/2013 FORMV

Patient ID _____ - _____ - _____ ID Form Completion Date __ **SHORTDAT** __
mm dd yy
Certification number: _____ **CERT** Visit: _____ **VISIT**

1. Weight: __ **SWGT** __ (lbs) → Date weighed __ **SWGTDAT** __

1.1 How was weight measured? Tanita Scale Other scale Estimate **SWGTMEAS**

No Yes

2. Do you **currently** have diabetes? If yes →
SDM

0. No 1. Yes Oral diabetes medication **SDMORAL**
 0. No 1. Yes Insulin **SDMINSU**
 0. No 1. Yes Non-insulin injectable (e.g. Byetta or Symlin) **SDMNONI**

3. **Since having bariatric surgery**, how many times have you become pregnant? (enter '-2' if male) **SPRGNUMB**

If greater than zero →

3.1 How many pregnancies have ended in the past 12 months: # **SPREGEND** If > 0 and a minimal assessment, administer the RHP

In the past 12-months, have you...

No Yes

SREVREV 4. had a revision or reversal of your bariatric procedure?

SAPNEA 5. had sleep apnea: If yes →

5.1 Operation for sleep apnea? 0. No 1. Yes **SOPERATE**
5.2 Currently use C-PAP/Bi-PAP? 0. No 1. Yes **SPAP**

SASTHMA 6. been told by a doctor or other health care professional that you have asthma?

If yes → 6.1 Have you **ever** been intubated (had a breathing tube placed) or undergone mechanical ventilation (been placed on a respirator) because of asthma? 0. No 1. Yes **SINTUB**

SDVT 7. been told by a doctor or other health care professional that you had a blood clot of the **leg(s) also known as deep phlebitis, deep vein thrombosis or DVT** requiring blood thinners?

SCLOTPE 8. been told by a doctor or other health care professional that you had a blood clot of the **lung(s) also known as pulmonary embolism (PE)** requiring blood thinners?

SMIYEAR 9. been told by a doctor or other health care professional that you had a myocardial infarction or heart attack?

SSACID 10. had surgery for acid reflux, heartburn or hiatal hernia?

SHBPRESS 11. had high blood pressure or taken medication for high blood pressure?

If yes → 13.1 Specify: 1. No medication 2. Single medication 3. Multiple medications **SHBTREAT**

SANGINA 12. had angina?

SIRREG 13. had treatment for irregular heart beat?

PCI 14. had a percutaneous coronary intervention? (i.e., angioplasty, stent placement)

SCABG 15. had coronary artery bypass graft (CABG) surgery?

SVALVE 16. had a heart valve operation?