Entered:/_	_/ 20 Initials: Verified://20 Initials:
mm d	d yy mm dd yy For office use only.
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Patient ID	Short Form – Version: 06/01/2013 FORMV ID Form Completion DateSHORTDAT
Certification numb	eer: CERT Visit: VISIT
	T (lbs) \rightarrow Date weighedSWGTDAT
	weight measured? Tanita Scale Other scale Estimate SWGTMEAS
1.1 HOW Was	weight measured? I fanna Scale Other scale Estimate SwortwieAS
No Yes	
	Do you currently have diabetes? If yes→ □ 0. No □ 1. Yes Oral diabetes medication SDMORAL SDM □ 0. No □ 1. Yes Insulin SDMINSU
	$\Box 0. \text{ No} \Box 1. \text{ Yes} \text{Non-insulin injectable (e.g. Byetta or Symlin) SDMNONI}$
If greater	g bariatric surgery, how many times have you become pregnant? (<i>enter '-2' if male</i>) SPRGNUMB
than zero \rightarrow	3.1 How many pregnancies have ended in the past 12 months: # SPREGEND $If > 0$ and a minimal assessment, administer the RHF
In the past 12-mont No Yes	hs, have you
SREVREV	4. had a revision or reversal of your bariatric procedure?
SAPNEA	
SALNEA	5. had sleep apnea: If yes \rightarrow 5.1 Operation for sleep apnea? \Box 0. No \Box 1. Yes SOPERATE 5.2 Currently use C-PAP/Bi-PAP? \Box 0. No \Box 1. Yes SPAP
SASTHMA	6. been told by a doctor or other health care professional that you have asthma?
	If yes \rightarrow 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 \rightarrow 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?