Patient Pathway Description

Please bring this checklist with you to your appointments and use it to ensure you have completed the necessary steps toward bariatric surgery. We look forward to meeting you and answering your questions.

☐ Seminar Attended
  ☐ Date: ______________________
  ☐ Quiz Taken

☐ One Mandatory Support Group Meeting Attended
  ☐ Date: ______________________

☐ Consultation Appointment
  ☐ Date: ______________________
  ☐ Questions answered by nurse and surgeon
  ☐ Psychological Evaluation
  ☐ Nutritional Evaluation
  ☐ Cardiology Consult Date: __________ Time: __________
  ☐ Pulmonary Consult Date: __________ Time: __________

☐ Required Specialist Consultation Appointments and Preoperative Testing

☐ Preoperative Laboratory Testing form received
  Expected surgical method ☐ Lap ☐ Open
  Expected surgical procedure ☐ RNY ☐ Lap-Band ☐ Other: ______________________

☐ Physician Referral Letter sent to PCP

☐ Insurance/Financial
  ☐ Authorization letter/package sent to insurance Date: ______________________
  ☐ Authorization number: ______________________
  ☐ Hard copy authorization received
  ☐ Financial responsibility: $ ______________________
  ☐ Payment sent (date):
  ☐ Insurance status verified 24 hours prior to surgery ______________________

☐ Surgery
  ☐ Date: ______________________
  ☐ Hospital pre-admitting appointment made Date: __________ Time: __________

☐ Preoperative Appointment
  ☐ Date: ______________________
  ☐ Preoperative instructions received
  ☐ Prescription received
  ☐ Questions answered by nurse and surgeon
  ☐ Surgical Consent signed