**North Carolina Surgery – Rex Bariatrics**

**Primary Care Medical Clearance for Bariatric Surgery**

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above patient is being seen by the Rex Surgical Specialists Bariatric Team, to assist them with bariatric surgery. The patient is required by the American Society for Metabolic and Bariatric Surgery to complete a thorough pre-operative evaluation. A multidisciplinary team approach will ensure that the patient is ready to proceed with bariatric surgery. Rex Surgical bariatric team appreciates your participation in this process. The following is a list of what is required for the evaluation. Some of this checklist will be ordered for the patient by Rex Surgical:

* **Routine bariatric lab screening will be ordered by Rex Surgical** CBC, CMP, Ferritin, Folate, Hemoglobin A1c, TSH, Vitamin D, Vitamin B12, Thiamine, and Lipids. If you are not on the EPIC system then we can fax these results to you.
* **Clinical nutrition evaluation** and approval by a **Rex Surgical Registered Dietitian.**
* **Psychosocial Evaluation** The patient will schedule this assessment from a list of providers on the Rex Surgical checklist.
* **Gastroenterology evaluation** will be **ordered by Rex Surgical.**
* **Sleep Study** will be **ordered by Rex Surgical** for any patient that is not currently being treated for sleep apnea.
* **Cardiac Clearance form** will be **sent by Rex Surgical** for any patient that currently is being seen by a cardiologist.
* **Pulmonology and Oncology clearance** will be **obtained by the patient** if they are currently being seen by either of these specialists. Clearance forms will be provided to the patient by Rex Surgical.
* **Complete history and physical by Primary Care Provider**. This evaluation should include a full history, physical examination, review of systems, and review of medications. An EKG and chest x-ray may also be ordered at the discretion of the Primary Care Physician.
* If the Primary Care Physician is **managing blood thinning medications** for the patient, please give pre surgery instructions below. (Aspirin/Ecocrine, Coumadin/Warfarin, Plavix, Eliquis, Pradaxa, Xarelto, etc.)

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am in agreement that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a good candidate and I recommend the patient for bariatric surgery. The patient is medically cleared for surgery. This individual has failed previous attempts to achieve and maintain weight loss by medical management.

Physician printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*\*Questions, please call Michelle at 919-784-2769 or Laura at 919-784-2846

\*\*\* Please fax forms to 919-784-2801