**Post-operative Visit** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle any specific problems:

|  |  |  |  |
| --- | --- | --- | --- |
| Abdominal pain | Constipation | Weight gain |  |
| Nausea or vomiting | Diarrhea | Wound problems |  |
| Reflux | Swallowing problems | Other:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| <30 | 40-60 | 70-90 | >100 |

Protein intake (grams)

|  |  |  |  |
| --- | --- | --- | --- |
| <30 | 40-60 | 70-90 | >100 |

Fluid intake (ounces)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ADEK Multivitamin | Multivitamin | Calcium | Vitamin D | Iron |
| Biotin | Vitamin A | Vitamin K | Vitamin E | Other |

Vitamins:

Are you eating healthy foods?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Sometimes | Non consistently |

Please circle any challenging eating habits:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Carbs (Bread/Pasta) | Fried foods | Soft drinks (sugar) | Salty Snacks (Chip) | Other |
| Grazing | Large meals | Skipping meals | Eating late |  |

**Are you exercising:** Yes No (Circle details below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Frequency | 2 times/ week | 3 times/week | 4 times/week | >5 times |
| Time | About 15 minutes | 30-45 minutes | 1 hour | >1hour |
| Cardio (walking, biking, etc) | Strength (resistance, weight lifting) |  |

Did you draw labs for today’s visit? Yes No

|  |
| --- |
|  |
|  |
|  |
| Plan |
|  |
|  |

Follow-up

**Pre-operative Diet/Exercise**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food challenges: Circle any food challenges and check box if currently changing habit:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  (circle any issues) | Changes? |  | Changes? |  | Changes? |
| Caffeine |  | Chips/fatty/carb snacks |  | Dessert/sweets/candy |  |
| Fast food |  | Fried/fatty food |  | Salty foods |  |
| Soft drinks/sugary drinks  |  | “White foods” (pasta, rice, white bread) |  |  |  |

**Behavioral changes: Please circle if you identify with a behavior and check box if making changes.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Eating quickly |  | Boredom eating |  | Emotional/Stress eating |  | Skipping meals |  | Eating large portions |  |
| Binge eating |  | Grazing |  | Eating out often |  | Food addiction |  | Alcohol |  |
| Lack of motivation |  | Physical limitations |  | Family issues |  | Work issues |  | Depression/anxiety |  |

**Are you exercising:** Yes No (Circle details below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Frequency | 2 times/ week | 3 times/week | 4 times/week | >5 times |
| Time | About 15 minutes | 30-45 minutes | 1 hour | >1hour |
| Cardio (walking, biking, etc) | Strength (resistance, weight lifting) |  |