Referral for Bariatric Surgery Program

Bariatric Program | Memorial Pavilion | Homer 120 | Royal Jubilee Hospital 1952 Bay St Victoria V8R 1J8

Fax: 250-370-8661 | Phone: 250-370-8641

Has your patient had previous weight loss surgery? Yes / No	
Patient Name:	Weight:
PHN:	
Date of Birth:	Height:
Phone: (H)	
Phone: (C)	BMI:
Address:	
Family Doctor:	Smoker: Yes / No

MANDATORY REQUIRMENTS (PLEASE CHECK THE ONE THAT APPLIES)

☐ BMI>40 **OR** ☐ BMI>35 plus medical co-morbidities

RISK FACTORS – Please check ALL that apply

- ☐ Type 2 diabetes
- ☐ Depression
- ☐ Other Psychiatric history
- ☐ Obstructive Sleep Apnea
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Chronic Pain
- ☐ Osteoarthritis
- ☐ Fatty Liver
- ☐ GERD
- ☐ Pseudotumor Cerebri
- ☐ Cardiovascular Disease
- ☐ Severe Immobility
- ☐ Venous Stasis/recurrent cellulitis
- ☐ Asthma

PAST MEDICAL HISTORY (SUMMARY/LIST):

CURRENT MEDICATIONS:

PSYCHOLOGICAL CONCERNS/ CONSIDERATIONS: PHQ9 score if done:_____

PLEASE INCLUDE COPIES OF MOST RECENT:

1. Blood work
2. ECG
3. Cardiac work up (If applicable)
4. Medication List
5. SLEEP STUDY RESULTS (REQUIRED)

Referral source / Authorized name and signature:

Title (Profession):	Date Signed:

FOR OFFICE USE ONLY
PRIORITY:
DATE RECIVED: