

# Bariatric Surgery Program Physician Screening Form

Participant Name (Please print: First, MI, Last)

Date of Birth (MM/DD/YY)

PEHP Member ID

Participant Phone

**Note to Physician:** PEHP offers a Bariatric Surgery Program to select members with a BMI over 40 or over 35 for at least 5 years with qualifying comorbidity that is expected to be improved, curtailed, or reversed by surgical treatment. Metabolic causes have been ruled out or treated. Eligible members must be tobacco/vape free with no previous weight loss surgery.

Please check any that apply:

**Risk Factors:**

- ☐ NYHA heart failure class III or IV
- ☐ Active systemic cancer treatment
- ☐ Members who are pregnant or actively breast feeding
- ☐ Current substance abuse/misuse
- ☐ Uncontrolled schizophrenia, major depression,
- ☐ Eating disorders, or personality disorders
- ☐ Current suicidal ideation
- ☐ Unstable coronary artery disease
- ☐ Severe lung disease

**If BMI is >35 check the following comorbid conditions:**

- ☐ Use of a C-PAP or Bi-PAP for obstructive sleep apnea
- ☐ Obesity Hypoventilation Syndrome
- ☐ Coronary heart disease
- ☐ Hypertension (greater than 130/90)
- ☐ Type 2 diabetes mellitus
- ☐ Pseudotumor cerebri
- ☐ Compensated NASH or cryptogenic cirrhosis.

How would you rate the risk of serious complications for this individual (1-5), 1 being the lowest and 5 the highest?

Readmission: \_\_\_\_\_ Sepsis: \_\_\_\_\_ Return to OR: \_\_\_\_\_ Death: \_\_\_\_\_

Recommended for Surgery \_\_\_\_\_ Not recommended \_\_\_\_\_ Pending (please explain below) \_\_\_\_\_

Please list any current comorbid condition or medical issues that would affect the surgical outcome and recovery:

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Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Information (Please Print or use Stamp)

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PLEASE FAX THIS FORM TO 801-245-7755 OR RETURN DIRECTLY TO YOUR PATIENT