

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:

Physician's Signature: _____ **Date:** _____

Physician Information (Please Print or use Stamp)

Name: _____ **Office Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____