

Gastric Bypass Info Sheet

Name _____ Daytime contact # _____

How long have you had this insurance? _____

What was your previous insurance? _____ Was there a gap in coverage? _____

Have you ever been previously denied for this surgery by any insurance ? _____ When? _____

Reason: _____

How long have you suffered from this weight problem? _____

Who accompanied you to the office today? _____

How long have you been interested in surgery? _____

Have you attended Bariatric support group meetings? Yes No Which? _____

Have you visited our web site? (hamptonbariatric.com)? _____

Have you visited any other weight loss surgery website? Yes No Which? _____

Have you seen any other surgeon for weight loss surgery? Yes No

If yes, who and when _____

Have you been on any of the following diets? (Please circle all that apply)

Weight Watchers Jenny Craig Atkins Zone Herbal Life Nutra System

LA Weight Loss Metabolife South Beach Low Carb Slim Fast

Others _____

Have you ever been on any diet pills? Yes No Which? _____

How did you hear about us? (Please circle)

Friend Pennysaver Southampton Press Riverhead News Review

Suffolk Life Plum TV Tanger TV Internet Search

E. H. Star Suffolk Times Shelter Island Reporter The Independent

Other: _____

