LB | LEE BARIATRICS
Expert Weight Loss Surgery

Name: _____ Date: _____ Date of Birth _____

Initial Nutrition Screen

Which bariatric surgery procedure are you interested in?

◯ Gastric Bypass ◯ Gastric Sleeve ◯ Conversion/Revision ◯ Undecided
◯ Hernia Repair

What have you done in the past to try to lose weight? (Please list all diets, pills and programs)

_____

_____

Why do you want weight loss surgery?

_____

_____

What is your goal weight? _____ pounds

Have you ever been diagnosed with an eating disorder?

◯No ◯ Bulimia ◯ Anorexia ◯ Binge Eating Disorder

Do you currently use the following? If so, how often?

◯ Drugs (ex: marijuana) _____ ◯ Alcohol _____ ◯ Tobacco _____
How often? _____ _____ _____

Have you been diagnosed with a psychological disorder? (ex: anxiety or depression)

◯ No ◯ Yes List any _____

Do you eat due to emotions? (Ex: sadness, stress/anxiety, anger)?

◯No ◯ Yes List any _____

GERD-Health Related Quality of Life Questionnaire (GERD-HRQL)

Institution:_____ Patient ID:_____ Date___/___/___

□ On PPIs □ Off PPIs If off, for how long? _____ days / months

Scale:
0 = No symptom
1 = Symptoms noticeable but not bothersome
2 = Symptoms noticeable and bothersome but not every day
3 = Symptoms bothersome every day
4 = Symptoms affect daily activity
5 = Symptoms are incapacitating to do daily activities

*Please check the box to the right of each question which best describes your experience over the past **2 weeks***

1.	How bad is the heartburn?	□0 □1 □2 □ 3 □4 □5
2.	Heartburn when lying down?	□0 □1 □2 □ 3 □4 □5
3.	Heartburn when standing up?	□0 □1 □2 □ 3 □4 □5
4.	Heartburn after meals?	□0 □1 □2 □ 3 □4 □5
5.	Does heartburn change your diet?	□0 □1 □2 □ 3 □4 □5
6.	Does heartburn wake you from sleep?	□0 □1 □2 □ 3 □4 □5
7.	Do you have difficulty swallowing?	□0 □1 □2 □ 3 □4 □5
8.	Do you have pain with swallowing?	□0 □1 □2 □ 3 □4 □5
9.	If you take medication, does this affect your daily life?	□0 □1 □2 □ 3 □4 □5
10.	How bad is the regurgitation?	□0 □1 □2 □ 3 □4 □5
11.	Regurgitation when lying down?	□0 □1 □2 □ 3 □4 □5
12.	Regurgitation when standing up?	□0 □1 □2 □ 3 □4 □5
13.	Regurgitation after meals?	□0 □1 □2 □ 3 □4 □5
14.	Does regurgitation change your diet?	□0 □1 □2 □ 3 □4 □5
15.	Does regurgitation wake you from sleep?	□0 □1 □2 □ 3 □4 □5
16.	How satisfied are you with your present condition? □ Satisfied □ Neutral □ Dissatisfied	

_____ _____
Administered by Monitored by

_____ _____
Date (mm/dd/yy) Date (mm/dd/yy)