

Creighton
UNIVERSITY
Medical Center

Bariatric Surgery Program Initial Consult Waiting List Application

Due to the popularity of Bariatric Surgery and the limited number of surgeons in this area, our waiting list for an initial consult to determine if an individual is a candidate for surgery is approximately six months long. To be considered for this waiting list, please complete the application below and return it to:

Bariatric Surgery Program – Attn: Program Coordinator
Creighton University Medical Center
601 North 30th Street, Suite 3700
Omaha, NE 68131-2197

DEMOGRAPHICS

Candidate Last Name: _____ Candidate First Name: _____

Mailing Address: _____ City/State/Zip: _____

Date of Birth: _____ Current Age: _____ Social Security Number: _____ - _____ - _____

Home Phone: _____ Alternate Phone: _____ E-mail: _____

Gender: Male Female

INSURANCE INFORMATION / INSTRUCTIONS ON CONTACTING YOUR INSURANCE COMPANY

Please call your insurance company's customer service office (telephone number usually found on the back of your insurance card). Tell them your name and give them your individual policy number (also found on your insurance card) so that they can look up your benefits. Have them check to see if there is a **specific exclusion for surgical treatment of obesity on your policy**. Your insurance company may cover surgery for obesity on some of its policies, and not others so be sure to make sure they are looking at your individual policy. Do not worry if they mention preauthorization, precertification, medical necessity, or the like. We handle that at a later time – all you need to find out is if there is an exclusion on your policy.

Name of your insurance company: _____

Date you contacted your insurance company: _____

First name and last initial of the individual you spoke to: _____

Yes, there **is** a specific exclusion for surgical treatment of obesity on my policy

No, there **is not** a specific exclusion for surgical treatment of obesity on my policy

REFERRAL SOURCE

Who is your family or primary care physician? _____
Name

Mailing address and telephone number

Who is your referring physician? _____
Name

Mailing address and telephone number

If you have not been referred by a physician, how did you find out about our program? _____

DIET HISTORY

Current Weight: _____ pounds

Current Height: _____ feet _____ inches

Have you ever had gastric stapling or bypass surgery? Yes No

If yes, has your gastric stapling or bypass been surgically reversed? Yes No

Prescription Medications:

Have you tried any prescription medications for weight loss? Yes No

If yes, please complete the chart below:

Prescription Medication / year prescribed	How long were you on this medication?	How much weight did you lose in pounds?

Significant Attempts at Weight Loss:

Please list two healthy diet or exercise programs that you have followed for more than six months straight.

Type of Weight Loss / Diet	How long did you keep it up?	How much weight did you lose?	How long did you keep the weight off?

Current Diet:

Number of Meals (per day): _____

Do you binge (eating large quantities of food at one time to the point where you feel ill or vomit)? Yes No

How often? _____

When was the last time you binged? _____

After eating do you force vomiting? How often? _____

Do you use laxatives to get rid of the food you have eaten? How often? _____

Do you go long periods of time (a day or more) without eating to attempt to lose weight? _____

HEALTH HISTORY

Do you, or have you ever smoked cigarettes, cigars, pipes, or marijuana? Yes No

If yes, do you currently smoke any of the above? Yes No

If no, when did you last smoke? Month / Year: _____

Do you currently use any illegal drugs? Yes No

If yes, which drug(s)? _____

Do you drink alcohol? Yes No

If yes, how often? _____

Health History Continued:

Please check each box that applies to you:

1. Have you ever been diagnosed with sleep apnea (where you stop breathing while you sleep)?

- Yes, I have been diagnosed by a physician
- I suspect I have this but have not been formally diagnosed
- This health problem runs in my family
- No, I have no history of this myself nor does it run in my family

2. Have you ever been diagnosed with high blood pressure or hypertension?

- Yes, I have been diagnosed by a physician
- I suspect I have this but have not been formally diagnosed
- This health problem runs in my family
- No, I have no history of this myself nor does it run in my family

3. Have you ever been diagnosed with Diabetes?

- Yes, I have been diagnosed by a physician
- I suspect I have this but have not been formally diagnosed
- This health problem runs in my family
- No, I have no history of this myself nor does it run in my family

4. Have you ever been diagnosed with Acid Reflux or Heartburn?

- Yes, I have been diagnosed by a physician
- I suspect I have this but have not been formally diagnosed
- This health problem runs in my family
- No, I have no history of this myself nor does it run in my family

5. Have you ever been diagnosed with Liver Disease?

- Yes, I have been diagnosed by a physician
- I suspect I have this but have not been formally diagnosed
- This health problem runs in my family
- No, I have no history of this myself nor does it run in my family

6. Have you ever been diagnosed with Renal or Kidney Disease?

- Yes, I have been diagnosed by a physician

Diagnosis: _____

- I suspect I have this but have not been formally diagnosed
- This health problem runs in my family
- No, I have no history of this myself nor does it run in my family

Health History Continued:

7. Have you ever been diagnosed with any Heart or Cardiac Problems?

Yes, I have been diagnosed by a physician

Diagnosis: _____

I suspect I have this but have not been formally diagnosed

This health problem runs in my family

No, I have no history of this myself nor does it run in my family

8. Have you ever been diagnosed with Lung Disease?

Yes, I have been diagnosed by a physician

I suspect I have this but have not been formally diagnosed

This health problem runs in my family

No, I have no history of this myself nor does it run in my family

9. Have you ever been diagnosed with Crohns Disease?

Yes, I have been diagnosed by a physician

I suspect I have this but have not been formally diagnosed

This health problem runs in my family

No, I have no history of this myself nor does it run in my family

10. Have you ever been diagnosed with Cancer?

Yes, I have been diagnosed by a physician

Type of cancer: _____

I am currently receiving treatment I have been in remission for _____

I suspect I have this but have not been formally diagnosed

This health problem runs in my family

Type of cancer: _____

No, I have no history of this myself nor does it run in my family

MENTAL HEALTH HISTORY

Have you ever experienced depression? Yes No

Have you ever had any thoughts of hurting yourself? Yes No

Have you ever attempted suicide? Yes No

Have you ever been hospitalized for psychological reasons? Yes No

Have you ever been diagnosed by a mental health professional? Yes No

If yes, what was your diagnosis? _____

Are you on any prescriptions for mental health reasons? Yes No

If yes, what prescriptions are you taking? _____

