

Bay Surgical Specialists, PA
960 7th Avenue North
St. Petersburg, FL 33705

BARIATRIC HISTORY

PRESENT ILLNESS

Describe in your own words how long you have been overweight and your reason(s) for surgical evaluation:

Have you ever been evaluated for weight loss surgery? Yes _____ No _____

If yes, explain.

Have you attended any weight loss seminars? Yes _____ No _____

If yes, name of seminar:

Diet History

List all recent supervised diet plans and diet medications you have recently used.

Name of diet	When	Amount of weight loss & remarks
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Exercise History

List current or recent exercise plans you have used:
