

North Carolina Surgery – Rex Bariatrics

Primary Care Medical Clearance for Bariatric Surgery

Patient Name _____ DOB _____

The above patient is being seen by the North Carolina Surgery Rex Bariatric Team, to assist them with bariatric surgery. The patient is required by the American Society for Metabolic and Bariatric Surgery to complete a thorough pre-operative evaluation. A multidisciplinary team approach will ensure that the patient is ready to proceed with bariatric surgery. North Carolina Surgery Rex Bariatric team appreciates your participation in this process. The following is a list of what is required for the evaluation. Some of this checklist will be ordered for the patient by Rex Bariatrics:

- **Routine bariatric lab screening will be ordered by Rex Bariatrics.** If you are not on the EPIC system, we can fax these results to you at your request.
- **Clinical nutrition evaluation and approval by a Rex Bariatrics Registered Dietitian.**
- **Psychosocial Evaluation** The patient will schedule this assessment from a list of providers on the Rex Bariatrics checklist.
- **Gastroenterology evaluation will be ordered by Rex Bariatrics.**
- **Sleep Study will be ordered by Rex Bariatrics if indicated.**
- **Cardiac Clearance by primary care (for patients with cardiac disease, will need to receive clearance by cardiologist). A form will be provided by Rex Bariatrics if indicated.**
- **Specialist Clearance - will be obtained by the patient if they are currently being seen by a specialist.** Clearance forms will be provided to the patient by Rex Bariatrics.
- **Complete history and physical by Primary Care Provider.** This evaluation should include a full history, physical examination, review of systems, and review of medications.
- **If the Primary Care Physician is managing blood thinning medications for the patient, please give pre surgery instructions below. (Aspirin/Ecotrin, Coumadin/Warfarin, Plavix, Eliquis, Pradaxa, Xarelto, etc.)**

Comments _____

I am in agreement that _____ is a good candidate and I recommend the patient for bariatric surgery. The patient is medically cleared for surgery. This individual has failed previous attempts to achieve and maintain weight loss by medical management.

Physician printed name _____

Physician signature _____ Date _____

*** Please fax forms to 919-590-6326***