

Steps to complete the program:

Track your progress here:

- Attend information session. Date attended:** _____
- Complete & submit the following forms:**
 - Bariatric Surgery Center Patient Questionnaire
 - Sleep Disorder Adult Questionnaire (blue forms)
 - Authorization for release of Protected Health Information (All healthcare providers that you have seen in the past year (i.e. primary care, gynecologist, etc.))
- Surgeon evaluation scheduled. Date:** _____
- Attend two support group meetings. Date:** _____ **Date:** _____
- Complete the following consultations or assessment:**
 - Physical Therapy Evaluation: Date completed: _____
 - Nutrition Evaluation: Date completed: _____
 - Psychology Evaluation: Date completed: _____
 - Psychology computer questionnaire: Date completed: _____
- Complete lab work and imaging studies**
- Watch Emmi™ (patient education program). This will be sent to your email address**
- 5% weight loss = _____ lbs., and will be clarified at your evaluation with your surgeon**
- Complete annual screening tests as needed, such as mammography, Pap, colonoscopy**
- Complete clearances from other healthcare providers as required by your bariatric surgeon (e.g. cardiac)**
- Attend pre-operative appointment with surgeon, dietitian and nurse**
- Surgery date**

Congratulations!