

Ht: _____ Wt: _____ BMI: _____

Name: _____

Date of Birth: _____

Are you ready for Bariatric Surgery?

You should be able to check off everything on the list. Otherwise you are not ready for surgery.

- I eat 3 meals a day. _____
 - I include a protein source at each meal. (meat or dairy)
 - I have switched from high fat meats to lean meats, eliminated fried foods . _____
 - I have decreased my portions of starch and or meat. _____
 - I have eliminated high sugar foods, switched to sugar-free foods. _____
 - I eat at least 1 serving of fruit each day. _____
 - I eat at least 3 servings of non-starchy vegetables each day. _____
 - I have added whole grain foods each day _____
 - I include 1-2 appetite satisfying snacks if my meals are greater than 4 hours apart. _____
 - I plan and shop for my meals to be balanced. _____
 - I rarely dine out or order food in. _____
 - I have eliminated carbonated beverages. _____
 - I have decreased my caffeine to 8oz each day or have eliminated it. _____
 - I drink sugar-free beverages. _____
 - I drink 6 - 8 cups of fluid a day. _____
 - I have eliminated alcohol. _____
 - I have established an exercise routine. _____
 - I take a multivitamin each day. _____
 - I take Calcium Citrate 600mg Calcium with 400IU Vitamin D twice each day. _____
 - I have a set of measuring cups and spoons to use before and after surgery. _____
 - I have a blender or food processor to use during the pureed diet stage after surgery. _____
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- I sip my drinks slowly. _____
 - I have practiced chewing my food to an applesauce consistency before swallowing. _____
 - I have practiced not drinking 30 minutes before, during and 30 minutes after my meals. _____
 - I have extended my mealtime to 30 minutes _____

I agree to record a complete food diary as a mandatory requirement between each nutrition follow-up appointment. The food diary must be returned at the time of your scheduled appointment.

Patient Signature

Dietitian Signature