Central Jersey Specialty Surgical Associates

An Ancillary Office of the Bariatric Center at Monmouth Medical Center
10 Industrial Way East, Eatontown NJ – Phone: 732-389-1331 Fax: 732-542-8587

This information is required for your insurance company to give authorization for your upcoming surgery. Please provide ALL information and proof regarding your previous weight loss attempts.

Weight Loss Attempts

Physician who supervised your care:

Doctor's name: _____ Phone Number: _____

Address: _____

Start Date (Of Care)	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Gym Membership:

Gym name: _____ Phone Number: _____

Address: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Commercial Weight Loss Program (Weight Watchers, Jenny Craig, etc.) - **Please provide contract/receipts/current membership card or booklet**

Name of Weight Loss Program: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Name of Weight Loss Program: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Name of Weight Loss Program: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Home Weight Loss Program (shakes/prepared meals/over-the-counter meals/exercise DVDs/medications) - **Please provide contract/receipts/current membership card or booklet**

Name of Weight Loss Program: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

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Name of Weight Loss Program: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Name of Weight Loss Program: _____

Start Date	End Date	Lowest Weight Achieved	Most Weight Lost	Amount of Weight Regained

Name:_____ Date: _____

Signature: _____

New Patient Questionnaire

Please fill in the information below and bring it with you on your initial visit

Medical History/Admissions to the hospital – Please list any medical problems that you have or if you were admitted to the hospital for medical reasons (high blood pressure, diabetes, heart problems, breathing problems, heartburn, kidney problems, etc.)

1.	5.
2.	6.
3.	7.
4.	8.

Surgical History – List any surgeries that you have had and their approximate dates

Type of Surgery	Date	Type of Surgery	Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Medical Specialists – Please list the name and phone number of you doctors

Endocrinologist Name: _____ Phone Number: _____

Pulmonologist Name: _____ Phone Number: _____

Nephrologist Name: _____ Phone Number: _____

Referring Doctor – Who referred you to this office?

Name: _____ Phone Number: _____

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How did you hear about us?

_____

_____

Initial Physical Activity Assessment

Would you consider your job or daily routine to be active?	□ Yes	□ No
Do you partake in any recreational activities (golf, hiking, tennis, skiing etc.)?	□ Yes	□ No
Do you have any hobbies (reading, gardening, painting, etc.)?	□ Yes	□ No
Do you currently exercise?	□ Yes	□ No

If so, how many times a week? _____

What do you do? _____

Do you suffer from:	Neck pain	□ Yes	□ No
	Back pain	□ Yes	□ No
	Shoulder pain	□ Yes	□ No
	Knee pain	□ Yes	□ No
	Other: _____		

Exercise Plan

Exercise from a sitting position

- While sitting straight in a chair, raise each leg separately straight out from the body. Hold for three seconds. Repeat for a set of ten on each side.
- Raise both arms straight from the shoulder and hold for three seconds. Repeat for a set of ten.
- Bend from the waist as far as you can without causing pain. Hold for three seconds before returning to a sitting position. Repeat for a set of ten.
- Lean to each side as far as possible without causing pain. Hold for three seconds before returning to a sitting position. Repeat for a set of ten on each side.
- After one week, try to increase to two sets of ten. Repeat the two sets of ten every day until it no longer is uncomfortable to do and becomes almost effortless.

Water exercise

- Once you have done sitting exercises for a period of at least a month, you can move into water exercising. Swimming or water class is ideal for providing less stress load on the joints and bones. Water exercise greatly reduces the chance of injury while consistently increasing strength and endurance.

Walking – Start from day 1!

- Warm up your body before engaging in any exercise. Perform stretches that are done in motion: arm circles, side bends, spinal rotations, arm crossovers, knee lifts, alternating toe touches, and leg swings.
- Start with 40 minutes of exercise a week in the beginning. Gradually work up to 300 minutes per week. You can do this by exercising 30 minutes a day. Keep your intensity at a moderate level, where you are breathing heavily and breaking a sweat. If you do not have the aerobic capacity to do you exercise consecutively, split it up into 3 or 4 increments throughout the day.
- After a month of consistent exercise, you should be able to add a few minutes to your overall routine.

Physician Signature _____ Date/Time _____

Patient Signature _____

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Physical Activity Re-Assessment

Have you been following the recommended exercise regime? □ Yes □ No

What are you presently doing for exercise?

Exercise from sitting position

Have you been tolerating it well? □ Yes □ No
Have you been able to increase the routine? □ Yes □ No

Water exercise

Have you been tolerating it well? □ Yes □ No
Have you been able to increase the routine? □ Yes □ No

Walking

Have you been tolerating it well? □ Yes □ No
Have you been able to increase the routine? □ Yes □ No

Recommendations: _____

_____

_____

_____

Comments: _____

_____

_____

_____

Physician Signature: _____ Date/Time _____