



Pathway to Bariatric Surgery Please complete ALL sections and fax completed document to 902-425-8292

Patient Name: Health Card Number: DOB: Onset of Obesity: <age 10,="" 11-19,="">age 19 (circle) WLS Program Start Date: (date patient began WLS eLearning Program) The following orders are to direct GPs and NPs who are working with patients to prepare for Weight Loss</age>	Psychological Assessment: Motivated for behavior change Shoredom eating History of suicide attempts History of physical abuse History of sexual abuse History of skipping meals History of drug or alcohol abuse Obesity Medication Management Considerations:Saxenda with WLS Program DietsContrave with WLS Program DietsWegovy with WLS Program Diets
Surgery (WLS) in NSH Primary Care areas. Baseline Clinical data: Weight: Height:	
BMI:	Instructions for Patients ready to begin WLS Program: ☐ Go to the Halifax Obesity Network and assemble a binder with information posted on the website under the category Information/Handouts ☐ Watch posted videos on the website of the Bariatric Surgery Team ☐ Book appointments with GP/NP for assessment Q3m ☐ Connect with community supports as appropriate. (psychologist, personal trainer, physiotherapist, dietitian, nurse)
□ Sleep Apnea (C-Pap Y or N) □ Reflux □ Chronic pain □ Awaiting Hip or Knee Replacement □ Asthma/COPD □ Chronic skin infections □ History of MI or Stroke □ Depression/ History of Depression □ Thyroid disease □ Fatty Liver Disease □ Cholecystectomy	Communication with WLS Team: Ready to be seen. My patient has followed the WLS eLearning Program (diets, physical activity, and lifestyle change) for three consecutive months.
Other Smoker: Yes or No	Physician/NP Name (Print)
If Yes—Smoking cessation plan needed as patients must be smoke free for 6 months prior to WLS	Physician/NP Signature