

This form should only be completed by your PCP (primary care provider) such as a family doctor or nurse practitioner.

Email this form to bariatricclinic@uhn.ca or fax to 416-603-5142

Patient Demographics

Patient name: _____

Date of birth: _____

Health card number (OHIP): _____

Version code: _____

Required patient measurements

Weight: _____

Height: _____

Waist circumference (in): _____

Neck circumference (in): _____

Blood pressure: _____

Allergies:
H. Pylori:

Has your patient ever tested positive for H. Pylori?

☐ Yes ☐ No ☐ Unsure

Have they been treated for H. Pylori?

☐ Yes ☐ No ☐ Unsure

Sleep Apnea Assessment

Please complete a STOP-BANG assessment on your patient to see whether they need a sleep study.

Please tally the questions and if your patient scores a minimum 4/8 please send them for a sleep study.

Do you snore loudly?	
Do you often feel tired or fatigued after your sleep?	
Has anyone ever observed you stop breathing in your sleep?	
Do you have or are you being treated for high blood pressure?	
Is BMI greater than 35 kg/m ² ?	
Age older than 50 years old?	
Neck Circumference Greater Than (17 inches Male) or (16 inches Female)	
Gender: Male?	
STOP-Bang Total Score	

Please send a copy of the following as necessary:

- Most recent sleep study (no later than 3 years)
- A CPAP titration report or any sleep clinic follow up notes
- Cardiac investigations and consults in the last 5 years

Past medical history

Medications

Past surgeries/procedures

Print name (MD/NP)

Signature

Date



Dear Patient,

Thank you for attending our orientation class. To assess your surgical eligibility, you need to complete preoperative blood work. Please complete the blood work below at least six weeks before your first nursing appointment at the Bariatric Assessment Clinic.

Please take this handout to your family doctor (PCP) or nurse practitioner so that they can complete a blood work requisition that you can bring to any local lab.

Required items to be tested:

- Hemoglobin A1C (HbA1C)
- Serum iron
- Potassium
- Sodium
- Vitamin B 12
- Creatinine
- eGFR
- Alanine Transaminase (ALT)
- Albumin
- Lipid assessment:
 - High-Density Lipoprotein (HDL)
 - Low-Density Lipoprotein (LDL)
 - Triglycerides
 - Cholesterol
- Complete Blood Count (CBC)
- Vitamin D (25-Hydroxy) *Please indicate on the form that the patient meets OHIP eligibility criteria
- Thyroid Stimulating Hormone (TSH)
- Ferritin
- Helicobacter Pylori (H. Pylori) **(Serology)**
 - If they previously tested positive, consider sending your patient for a preoperative C-14 to confirm status instead of serology.

If you have any questions, please feel free to contact the Bariatric Assessment Clinic at 416-603-5800 ext. 6145.

Sincerely,

Bariatric Assessment Clinic
Toronto Western Hospital