Instructions for the Availability Sheet

Attached you will see an availability sheet. This will give us a preliminary look at what future test and appointments will need to be scheduled for you after you attend the weight loss surgery group. It is essential that you are evaluated by four providers as well as undergo any necessary testing prior to meeting with a surgeon and receiving a surgery date. Those visits will include a 30 minute appointment with a nurse, a 30 minute appointment with a dietician, a 30-45 minute visit with a social worker and a 60 minute visit with the medical director. Any future testing will be dependent upon how you answer the questions on the attached sheet. Please complete the form to the best of your ability and if further clarification is needed, we will address questions during the group appointment.

Section #1
Please answer yes or no to all of the questions in this section. When answering the Sleep study question please refer to your sleep history form. If the score is either 9 or above or you answered yes to 2 or more of the questions, we will be ordering a sleep study. If you have already been diagnosed with sleep apnea, please indicate that on the form.

Section #2
If you have had any of the tests listed in this box within the last year, with the exception of the sleep study please indicate that and list where you had the test done. If you have had a sleep study please let us know when and where.

Section #3
Here you will let us know what your availability is like for your next appointments. Unfortunately we are unable to book all appointments in 1 day. You must choose at least a Monday or Tuesday, because 2 providers are only available part time. Please let us know what your availability is like for each day and be specific. Ie. If you can only come in from 10-2 on Mondays, indicate that. Note: The more flexible you are, the quicker you can move through the screening process.

Section #4
If you have a vacation planned, days that you have appointments elsewhere or are just unavailable please note that on the lines on the bottom of page 2.
Section# 1

**Abdominal Ultrasound**
Do you have your gall bladder?  
Yes___  No___

**Pulmonary Function Test**
*Do you have?*
- Asthma  
  Yes___  No___
- COPD  
  Yes___  No___
- Bronchitis  
  Yes___  No___
- Have you?  
- Smoked for 10 years or longer  
  Yes___  No___
- Recently stopped smoking  
  Yes___  No___
- Currently smoking  
  Yes___  No___

**Echocardiogram**
*Have you ever taken?*
- Meridia  
  Yes___  No___
- Redux  
  Yes___  No___
- Fen Phen  
  Yes___  No___
- *Do you have?*
- History of a heart murmur  
  Yes___  No___
- Congestive heart failure  
  Yes___  No___
- History of Atrial Fibrillation(Afib)  
  Yes___  No___

**Stress Test**
*Do you have a history of cardiac issues?*  
Yes___  No___
*Are you age 60 or older?*  
Yes___  No___

**Sleep Study**
Did you check yes to 2 or more of the questions or score 9 or higher on your sleep history form?  
Yes___  No___

I have been diagnosed with Sleep Apnea  
Yes___  No___

If **YES**, please answer the following questions

- *What time do you typically go to sleep at night?*  
  ____pm
- *What time do you wake up on a work day?*  
  ____am
- *What time do you wake up on a off day?*  
  ____am
Section#2

Have you had any of the following tests within the last year (excludes sleep study)? If so, please list where you had the test done.

<table>
<thead>
<tr>
<th>Abdominal Ultrasound: Where:</th>
<th>Sleep Study Where:</th>
<th>Stress Test Where:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Function Test Where:</td>
<td>Echocardiogram Where:</td>
<td>EKG Where:</td>
</tr>
</tbody>
</table>

Section#3

Availability: Please list the times that you are available for each day. You must choose either a Monday or Tuesday because 2 providers are only available part time. Example: Monday 10am – 2pm

<table>
<thead>
<tr>
<th>AM = 7:30am - 12pm PM = 12:45pm - 5pm</th>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Tuesday</td>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
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</tbody>
</table>

Section#4

If there are specific dates that do not work for you (i.e. vacation days) please list here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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