

STEPS to Weight Loss Surgery

Congratulations on your decision to pursue weight loss surgery. We are grateful that you have chosen Carolina Surgical Clinic to help you along your journey. Our comprehensive bariatric program is a nationally recognized Center of Excellence. It includes experienced Bariatric Surgeons, dedicated Nurses, Nutritional support, Clinical Coordinators, and a compassionate support staff.

To maintain the level of excellence that you deserve, there is a:

\$200.00 Non-Refundable Program Fee.

The fee does not cover any of your insurance co-payments or deductibles, and payment is mandatory at your first appointment.

This packet will take you through the 4 simple steps to getting your surgery:

- STEP 1 Call your insurance company

- STEP 2 Get medical records of your weight for the last 2 years

- STEP 3 Psychological evaluation

- STEP 4 Nutrition evaluation

**Please print this entire document and
bring it with you to your first office appointment.**

STEP 1

Call Insurance

Before doing anything else, please first call your health insurance company and ask the following questions:

- Does my policy cover weight loss surgery when medically necessary?
- How much is my deductible for weight loss surgery?
- Aetna, Cigna, Medicaid, and some other insurances require that you complete a physician-supervised weight loss program before they will approve you for surgery. Ask if your insurance has this requirement.

If so, we do offer a physician-supervised weight loss program in our office that is designed to get you approved for surgery.

STEP 2

Get Medical Records

Weight loss surgery is a last resort option for people who have been struggling with obesity for years. Insurance companies want to see proof that you have struggled with your weight for at least 2 years. Complete this Records Release form and give it to your primary care doctor.

I hereby authorize you to release my medical records to Carolina Surgical Clinic. Please provide:

- Office notes that document my weight for the last 2 years.
- I cannot accept a table that simply lists my weight. I must demonstrate my weight in a provider's note.

Please fax to 704-409-2077

Full Name: _____

Date of Birth: _____

Signature: _____ Date: _____

STEP 3 Psychological Evaluation

All patients must have a psychological evaluation before weight loss surgery. The National Institutes of Health supports this evaluation, and all of the insurance companies require it.

In **Step 3**, please make an appointment with either a Psychiatrist or Psychologist for your evaluation. You may find your own doctor or call one from our recommended list. Please have the evaluation faxed to 704-409-2077.

Lisa Lorence-Ostrow, Psy.D 6201 Fairview Rd. Charlotte, NC 28210	704-372-0670
Sara Ellett, Ph.D 4425 Randolph Rd, Suite 411 Charlotte, NC 28211	704-366-3400
Alexandra Duffy, Psy.D 2600 East 7 th St., Suite 100 Charlotte, NC 28204	704-654-1920
Keith Logan, MD 1718 E. Fourth St., Suite 801 Charlotte, NC 28204	704-384-1246
J.W. Scott Wallace, MD 3303 Latrobe Dr. Charlotte, NC 28211	704-362-2663
Sara Rose, Ph.D, LPC 1515 Mockingbird Ln., Suite 800 Charlotte, NC 28209	704-525-1213
Erin Taylor, Ph.D 270 Copperfield Blvd, Suite 10 Concord, NC 28025	704-721-7430
Michele Kerbow, MD 2555 Court Dr. Gastonia, NC 28754	704-865-3848

STEP 4

Nutrition Evaluation

After your initial evaluation with your surgeon, we will give you an appointment to see our nutritionist. She will walk you through how to eat differently after your surgery. This evaluation is mandatory because the success of the surgery depends so much on it. We do not accept nutrition evaluations from third parties. There is no additional charge for your initial nutrition evaluation. You also get one year of nutritional follow-up for free.

Preparing for Surgery

Once the 4 steps have been completed, we will submit all of your information to your insurance company for approval. Most companies take 1-2 weeks to reply. This is a good time to double-check your deductible, since that will be due before your surgery can be scheduled. Once your insurance approves your surgery, we will schedule a date and time that works for you.

Well, your journey has begun. We are excited to travel along with you, and we thank you again for choosing Carolina Surgical Clinic.

Please fill out the following registration forms and bring them with you to your first office visit.

Learn More About Weight Loss Surgery

Carolinasurgical.com

Obesityhelp.com

Realizeband.com

Lapband.com

BariatricEdge.com

Frequently Asked Questions

How long will it take me to have my surgery?

It can take anywhere from 1 – 7 months. It all depends on what your insurance company requires of you before your surgery, and how long it takes you to complete the 4 steps. If your insurance does not require a physician supervised, pre-operative weight loss program, and you complete your 4 steps quickly, you could have your surgery as soon as one month.

How much weight will I lose?

That is really up to you. On average, patients can lose between 60-160 lbs in the first year after weight loss surgery. How much weight you lose depends on your excess weight before surgery, and how well you exercise and eat properly after surgery. If you do not exercise and do not change your eating habits after surgery, you will lose less weight. If you walk at least 40 minutes per day for exercise, and follow the nutritionist's instructions on eating properly, you will lose more weight.

How much will the surgery cost?

Your out of pocket cost will be your deductible for surgery and your co-pays. You will have to ask your insurance company what your deductible is. Payment of your deductible is required before surgery can be scheduled.

Will I have excess skin after the weight loss?

You most likely will, but it is impossible to predict how much you will have. If you ever choose plastic surgery for excess skin, you should wait for at least 2 years from the time of your weight loss surgery. Insurance will generally not pay for plastic surgery.

Carolinasurgical.com

Bariatric Initial Visit

Date _____

Name _____ Referring Physician _____

DOB _____ Age _____ Sex _____ Personal Physician _____

PAST MEDICAL HISTORY

a. How many years have you struggled with obesity? _____

b. List prior diets or weight loss programs:

Name of diet or weight loss program	Year you did the diet or weight loss program	Time spent in the diet or program	Maximum weight loss achieved in the program

c. List any current or past medical conditions (high blood pressure, diabetes, heart problems, etc.)

d. List previous operations and approximate dates _____

ALLERGIES TO MEDICATIONS _____

CURRENT MEDICATIONS

Name of medication

dosage

times per day

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Do you smoke? _____ If you smoked in the past, when did you quit? _____

Do you consume alcohol? _____ If yes, how much and how often? _____

FAMILY HISTORY

Do any of the following run in your family: (circle)

Heart disease Diabetes Cancer Bleeding disorder Other diseases _____

SOCIAL HISTORY

Marital status M S D W Number of children _____ Occupation _____

Bariatric Initial Visit

Do you have any of the following?

YES NO

GENERAL

- Recent weight change
- Fever
- Excessive fatigue

EYES

- Blindness
- Double vision
- Blurry vision

EARS, NOSE, MOUTH

- Decreased hearing
- Ringing in ears
- Sores of mouth or tongue
- Difficulty Swallowing

CARDIOVASCULAR

- Chest Pain
- Shortness of breath
- Palpitations or skipped heart beats
- Previous heart attack
- Congestive heart failure
- Ankle swelling

RESPIRATORY

- Cough
- Asthma
- Emphysema

GASTROINTESTINAL

- Nausea or vomiting
- Diarrhea
- Constipation
- Blood in stool
- Hiatal hernia
- Ulcer disease
- Jaundice
- Hepatitis

GENITOURINARY

- Kidney stones
- Burning with urination
- Blood in urine
- Incontinence
- Difficulty with urination

MUSCULOSKELETAL

- Muscle weakness
- Joint pain
- Arthritis

YES NO

SKIN

- Rash
- Boils or sores

BREAST

- Mass or lump
- Discharge
- Pain

NEUROLOGICAL

- Stroke or paralysis
- Seizures
- Dizziness or fainting

PSYCHIATRIC

- Anxiety attacks
- Depression
- Nervous breakdown

ENDOCRINE

- Lump or mass in neck
- Thyroid problems
- Other glandular problems

HEMATOLOGIC

- Easy bruising or bleeding
- Anemia
- Swollen lymph nodes
- Sickle cell trait

IMMUNOLOGIC

- Hay fever
- HIV or AIDS

Do you have any other medical condition

Not covered in this questionnaire?

Explain:

Completed by _____

Date _____

Nutrition Initial Visit

Name: _____

Date: _____

Family Weight History: _____

Food Allergies: _____

At what age did you develop a significant weight problem? _____

What was your highest/lowest adult weight? _____

In your opinion, what has caused your weight gain over the years?

- | | | |
|---|---|---|
| <input type="checkbox"/> Portion Sizes | <input type="checkbox"/> Eating too much fat/sugar | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Compulsive eating | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Emotional Eating | <input type="checkbox"/> Lack of knowledge about healthful eating | <input type="checkbox"/> Nervous Eating |

Why do you feel you struggle with your weight? _____

How many times per week do you eat out and where? _____

How much water and other beverages do you drink daily? _____

Do you get any regular exercise or activity? Yes or No

What kind? _____

How often? _____

Who (of friends and family) do you feel is most supportive of you having this surgery?

DIET HISTORY: (Recall a Typical Day)

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Beverages

CAROLINA SURGICAL CLINIC OF CHARLOTTE, P.A.
Surgical Registration

Account # _____ Date _____

Patient's Full Legal Name _____
Last First Middle Maiden Preferred Name

Patient's Address _____
Street City State Zip Code

Home Phone () _____ Age _____ Birth Date _____ Sex: M F

Cell Phone () _____ Email _____

Patient's Social Security # _____ Married Single Divorced Widowed

Patient's Employer _____
Position Bus. Phone

Spouse / Next of Kin Full Name _____
Last First Middle Maiden

Spouse / Next of Kin Employer _____
Position Bus. Phone

Relative, or close friend, not living with Patient _____
Relationship to Patient Phone

Referring (Doctor) (Person) _____
Name Phone Number

Personal or Family Physician _____
Name Phone Number

Have you ever been a patient in our office before? Yes No When? _____

Were you first seen in the emergency room? _____ Date _____ Doctor _____

Were you hurt at work? _____ Date _____ Contact Person _____

Chief Complaint or Problem _____

Below is for Office Use Only:

First Insurance Company: Medicare Medicaid BlueCross/BlueShield Worker'sComp Copay _____
 Other (Name & Address) _____

Policy # / SS# _____ Group Name / # _____

Subscriber's Name _____ Self Spouse Child Other
Relationship of Patient to Subscriber

Subscriber's Date of Birth _____

Second Insurance Company: Medicare Medicaid BlueCross/BlueShield Worker'sComp Copay _____
 Other (Name & Address) _____

Policy # / SS# _____ Group Name / # _____

Subscriber's Name _____ Self Spouse Child Other
Relationship of Patient to Subscriber

Subscriber's Date of Birth _____