

**BOLD New Patient Encounter Form**

**DEMOGRAPHIC INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Chart Number \_\_\_\_\_

**Race:** (For Multi-racial choose all that apply)

- African American     Caucasian     Native American or Alaska Native     Other
- Asian     Hispanic     Native Hawaiian or Other Pacific Islander

**Gender:**  Male     Female

**Employment Status:**

- Full Time     Part Time     Self Employed     Homemaker     Student     Retired
- Disabled     Unemployed     Not Specified

**Patient Consent to SRC use of data:**  Yes     No

**INSURANCE INFORMATION**

**Employer:** \_\_\_\_\_

**Does the patient have insurance?**  Yes     No

**Does health insurance cover the procedure?**  Yes     No     Not known at this time

**Primary coverage:** \_\_\_\_\_

**Pre-certification requirements?**

- Pre-operative weight loss \_\_\_\_\_  lbs     kg
- Dietary weight loss:  less than 3 months     3-6 months     7-12 months     13-24 months     More than 24 months
- Duration of obesity
- Smoking cessation
- Mental health clearance
- Intelligence (IQ) testing
- Other \_\_\_\_\_

**Secondary coverage:** \_\_\_\_\_

**Tertiary coverage:** \_\_\_\_\_

**Self pay?**     Yes     No

**Charity?**     Yes     No

**PREVIOUS BARIATRIC SURGERIES**

**Procedure:**

- Biliopancreatic diversion (BPD)     BPD with duodenal switch     Gastrectomy
- Gastric band, adjustable     Gastric band, non-adjustable     Gastric bypass (Roux-en-Y), laparoscopic
- Gastric bypass (Roux-en-Y), open     Gastric bypass (Roux-en-Y) with distal     Gastric bypass, laparoscopic
- Gastric bypass (Roux-en-Y) with distal     Gastric bypass, banded
- Gastric bypass, mini loop     Gastric pacing     Intestinal bypass
- Sleeve gastrectomy     Vertical banded gastroplasty     Other \_\_\_\_\_

Year \_\_\_\_\_

Original weight \_\_\_\_\_  lbs     kg     Estimated     Actual

Lowest weight achieved \_\_\_\_\_  lbs     kg     Estimated     Actual

**Were there any Adverse Events?**  Yes     No (If Yes, identify on next page)

Surgeon \_\_\_\_\_ (Enter 'Other' if not a COE surgeon with your program)