

Name: _____ DOB: _____ Date of service: _____

Provider: _____ MRN: _____

_____ (Initial if nicotine-free) **Nicotine Agreement:** I agree not to use nicotine or vape. I understand that I am required to be nicotine free/not vaping and remain nicotine free/not vaping for a period of three (3) months before bariatric surgery. I also acknowledge that I will be required to complete nicotine tests to see if there's nicotine in my system. I understand that if I do not comply with the screening in the given amount of time, the team may remove me entirely from consideration for surgery.

Check here if you are currently using nicotine or vaping. Submit a signed nicotine agreement once you are nicotine-free or no longer vaping.

_____ (Initial) **Preoperative Evaluation:** Beginning the bariatric program preoperative evaluation process does not guarantee I will have bariatric surgery. Not all patients are candidates for bariatric surgery. I have been informed of the Memorial Bariatric Services preoperative patient pathway protocol and agree to comply.

_____ (Initial) **Alcohol and Drugs:** I understand that I am responsible for maintaining total abstinence from drugs, except those prescribed or approved by my physicians. Abstinence includes, but is not limited to, alcohol, tobacco, narcotics and/or other medications without the approval of the bariatric surgeon. I understand that if I have a history of alcohol or drug abuse, I may be required to show documentation of successful completion of rehabilitation and/or counseling prior to evaluation for bariatric surgery. I understand that if I have a history of recreational marijuana use, I will be required to show abstinence and remain free for at least three months with documentation of clean screening(s) prior to surgery. I understand that failure to comply with abstinence will result in temporary or permanent elimination from the program.

_____ (Initial) **Pregnancy after Bariatric Surgery:** I am aware of the increased risks that can occur if I become pregnant prior to two years post-bariatric surgery. I have been informed and understand that I am strongly advised to avoid pregnancy in the first two years post-bariatric surgery. Serious maternal and fetal complications can occur if conception occurs at this time. I am aware that if I become pregnant at any time, I am responsible for following up with the bariatric team to assist in coordination of my care/ensure safest outcomes.

_____ (Initial) **Cancer Screenings:** I understand that it is required that my cancer screenings remain up-to-date as part of my health maintenance. I have been provided with the American Cancer Society recommendations for cancer screenings and will work with my primary care provider to ensure my cancer screenings remain up-to-date.

_____ (Initial) **Postoperative Vitamin/Mineral Supplementation and Follow-up:** I understand I am responsible for taking vitamin/mineral supplements after surgery as recommended to prevent serious complications post-op. I understand that most insurance companies DO NOT cover this expense, and I will be asked to have a financial plan and exhibit ability to budget for this expense. I have also been informed of the program follow-up protocol, including visits with the team and laboratory work-up.

Patient signature: _____ Date: _____