



Band Surgery Follow-up Sheet

Are you able to swallow thin liquids easily?.....yes/no
 How many glasses of water or other hydration fluid do you drink each day? _____
 How many times per day do you eat protein? (Remember we do not insist that you eat on a schedule) _____
 What are the 3 foods you eat most frequently? _____
 Are you taking a multivitamin twice each day? yes/no
 Are you taking Iron twice each day? yes/no
 Are you taking Calcium Citrate with Vitamin D three times each day/ yes/no
 Are you taking B12 Supplement under the tongue once each day? yes/no
 Are you taking extra fiber twice each day? yes/no

HISTORY

Diet History	Yes	No
Tolerating meats/solid foods?		
Experiencing hunger? How often? _____		
Eating sweets?		
Sodas? How often? _____		
Portion sizes (compare to before surgery meals) (circle) 25% 50% 75% 100%		
How many hours after a meal are you hungry?(circle) 1-2 hrs 3-4 hrs 5-6 hrs Never		
Do you eat soft, mushy foods because you are afraid to eat solid foods?		
Do you drink liquids with meals?		
Would you do weight loss surgery again?		
Symptoms	Yes	No
Nausea		
Vomiting		
Difficulty Swallowing		
Heartburn or reflux		
Regurgitation		
Night Cough		
Poor Eating Behavior		
Problems with bowel movements or function?		
Pain that concerns you? Describe:		
Fever?		
Breathing problems?		
Possibility that you are pregnant or planning to become pregnant?		



Social History	Yes	No
Do you drink alcohol?		
Do you smoke?		
Do you exercise?		
Times per week? 1 2 3 4 5 6 7		
Do you attend support group?		
Quality of Life, Current Rating: (circle one) <i>Very Satisfied, Satisfied, Somewhat Satisfied, Neutral, Somewhat Dissatisfied, Dissatisfied, Very Dissatisfied</i>		

Please list any updates or changes from last visit all the medications you are taking prescription or over the counter to include supplements.

Rate your band today using the "Realize Fit" guide: (circle one)

Light fit

Right fit

Tight fit

Patient Signature / Date