

# NICK H. GABRIEL, DO

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## Bariatric Surgery History & Physical

Pt Name: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Evaluate for obesity surgery.  Primary  Revision  Follow up

HPI: \_\_\_\_\_ (age) \_\_\_\_\_ (sex) who has been obese for \_\_\_\_\_ yrs.

Intake form with attempted weight loss diets, exercises, meds, etc has been reviewed.

PMH:  HTN  CAD  DM  GERD  joint pain  back pain  hypercholes

asthma  sleep apnea  cholelithiasis  POS

other \_\_\_\_\_

MEDS: (see list)

ALLERGIES: \_\_\_\_\_

Family History:  n/c  HTN  DM  other: \_\_\_\_\_

ROS:	YES	NO	IF YES, PLEASE EXPLAIN:
Constitutional: Daytime somnolence?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychological: Depression/anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes: Visual changes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENT: Snoring/gasping for air at night?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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<b>ROS (cont):</b>	YES	NO	IF YES, PLEASE EXPLAIN:
Respiratory: Dyspnea on exertion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular: Angina?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal: Dysphagia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitorinary: Urinary incontinence?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal: Difficulty ambulating?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hematologic: Easy bruising?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SH:**  TOB use \_\_\_\_\_  EtOH abuse \_\_\_\_\_  illicit drugs \_\_\_\_\_

**PSxH:**

**PE:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ HR: \_\_\_\_\_

SYSTEM	FINDINGS		OTHER
Psychiatric:	AAOx3	nl affect	_____
Eyes:	nl conjunctiva	anicteric	_____
ENT:	moist muc mem	nl dentition	_____
Neck:	NT thyroid	trach midline	_____
Lymphatic:	no cerv LAD	no inguin LAD	_____
Respiratory:	B clear to ausc	nl excursions	_____
Cardiovasc:	RRR	no edema x 4	_____
GI:	SNTND	no masses/HSM	_____
Musculoskel:	nl gait	FROM x 4	_____

Abdominal diagram:

**DATA:**

**RISK:**  mod  high

**DX:** Pt is a  good  not good candidate for the below indicated procedure at this time.

**PLAN:** Patient prefers  Gastric Bypass  Sleeve Gastrectomy  Gastric band  
 Gastric Band with Plication  Gastric Plication  undecided

**WORK UP:**

- labs/CXR/EKG     Nutrition evaluation     Psych evaluation
- medical clearance     cardiac clearance     pulmonary clearance
- sleep study     baseline labs     UGI study     Abdominal Sonogram     Chest X-ray
- Duplex of Lower Extremities     Endoscopy
- \_\_\_\_\_     \_\_\_\_\_

\_\_\_\_\_  
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**ADDENDUM:**