Bariatric Surgery Pre-Operative Assessment

Patient Information

Full Name	
Date of Birth	
MRN	
Anthropometrics	
Height (cm))
Weight (kg))
BMI (kg/m²))
Medical History	
Obesity-Related Comorbidities	
Other Past Medical History	_
	_
NA II (I O AII I	
Medications & Allergies	
Current Medications	
Allergies	
, the light of the	_
Surgical History	
Previous Surgeries	

Psychosocial Factors (support system, mental health, etc.)
Pre-Operative Investigations
Relevant Investigations
Assessment Summary
Assessment & Plan