## **Bariatric Surgery Post-Op Diet Form**

## **Patient Information**

Name	
Date of Surgery	
Surgeon	
Patient ID	
Current Diet Stage	
Select Stage	
Daily Intake Log	
Total Fluid Intake (ml)	
Total Protein Intake (g)	
Sample Meals / Drinks	
Symptoms / Issues	
Nausea	
Vomiting	
Pain	

Other Symptoms

Additional Notes		