

Bariatric Surgery Pre-Assessment Measurement Form

Patient Information

Full Name

Date of Birth

Gender

Anthropometric Measurements

Height (cm)

Weight (kg)

BMI

Waist Circumference (cm)

Hip Circumference (cm)

Neck Circumference (cm)

Vital Signs

Blood Pressure (mmHg)

Heart Rate (bpm)

Respiratory Rate (/min)

Temperature (°C)

Medical History

Current Medications

Allergies

Other Notes