

# Bariatric Surgery Nutrition Assessment Form

Patient Name

Date of Assessment

Date of Birth

Medical Record Number

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Height (cm)

Weight (kg)

BMI

Usual Weight (kg)

Weight Change (kg) & Time Period

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Type of Bariatric Surgery Planned

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Relevant Medical History

Allergies (Food/Medications)

Current Medications

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Diet History (Current Intake, Meal Pattern, Beverages)

Food Intolerances

Supplements Used

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Lifestyle & Physical Activity

Smoking Status

Alcohol Use

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Labs (if available)

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Nutritional Concerns/Barriers

Additional Notes