Bariatric Surgery Nutrition Assessment Form

Patient Name	
Date of Assessment	
Date of Birth	_
Medical Record Number	
Height (cm)	
Weight (kg)	
BMI	
Usual Weight (kg)	
Weight Change (kg) & Time Period	
Type of Bariatric Surgery Planned	
	•
Relevant Medical History	
Alloraige (Food/Modications)	
Allergies (Food/Medications)	

Current Medications

Diet History (Current Intelse Med Dettern Beverages)	
Diet History (Current Intake, Meal Pattern, Beverages)	
Food balls are see	
Food Intolerances	
Oursele manufacture d	
Supplements Used	
Lifestyle & Physical Activity	
Smoking Status	
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Alcohol Use	
Labs (if available)	
Labs (II available)	
Nutritional Concerns/Barriers	
Additional Notes	