

Bariatric Surgery Pre-Operative Checklist

Patient Name

Date of Birth

Surgery Date

Surgeon

Procedure Type

Pre-Operative Checklist

- ☐ Medical Evaluation Completed
- ☐ Nutrition Assessment Completed
- ☐ Psychological Evaluation Completed
- ☐ Required Lab Tests Done
- ☐ EKG Completed
- ☐ Chest X-Ray Completed
- ☐ Medical Clearance Obtained
- ☐ Insurance Authorization Received
- ☐ Pre-Op Class Attended
- ☐ Anesthesia Consultation Completed

Additional Notes

Pre-Op Nurse Name

Date

