

**LONG ISLAND JEWISH MEDICAL CENTER  
BARIATRIC SURGERY  
PATIENT PRE-OP CHECK LIST**

**Appointments / Main:** (516)233-3601

**Fax:** (516)233-3605 / 3733

**Website:** [www.LIObesitySurgery.com](http://www.LIObesitySurgery.com)

\_\_\_\_\_ Meet with Bariatric Coordinator / Physician Assistant – Sophia

\_\_\_\_\_ Meet with Bariatric Surgeon David Buchin

**Nutrition**

1. \_\_\_\_\_ Medically supervised diet for 3 or 6 **consecutive** months (as mandated by your insurance company) with progress note documenting date, weight, and advice given.

\*\*Please make this appointment immediately as it will take the longest to complete.

\*\*\*Sample letter enclosed to be used if this will be done by your primary doctor

2. Nutritional Consultation

**Primary Care Physician (PCP):** Medically supervised diet can be done with PCP

1. \_\_\_\_\_ Letter recommending Bariatric Surgery ( sample letter enclosed)

2. \_\_\_\_\_ Medical Evaluation / Physical

3. \_\_\_\_\_ Electrocardiogram(EKG)

4. \_\_\_\_\_ Chest X-Ray (within 1 year)

5. \_\_\_\_\_ Labs – prescription enclosed – please have them done ASAP

**Psychological Evaluation:**

1. \_\_\_\_\_ Evaluation and clearance

\_\_\_\_\_ **Register on My Health Manager. Go to our website on click on MY HEALTH MANAGER**

**Pulmonologist:**

1. \_\_\_\_\_ Pulmonary Consultation and Clearance

a. \_\_\_\_\_ Pulmonary Function Test(PFT)

b. \_\_\_\_\_ Sleep Study if needed

**Cardiology -**

1. \_\_\_\_\_ Cardiac Consultation and Clearance

a. \_\_\_\_\_ Echocardiogram

b. \_\_\_\_\_ Possible stress test if needed for cardiac clearance

**Other:**

1. \_\_\_\_\_ Evaluation and clearance

**Support Group** – at least 1 session – Held every 2<sup>nd</sup> and 4<sup>th</sup> Tuesday at 5:30pm

1. \_\_\_\_\_ attended

\_\_\_\_\_ Attend Pre Operative Class –Mandatory – Thursday 1p - 2pm

\_\_\_\_\_ LIJ Pre- Surgical Testing date within a week before surgery

\_\_\_\_\_ Medical Clearance from Primary Care Doctor