

BARIATRIC SURGERY PROCEDURE QUESTIONNAIRE

Name of Applicant: _____

1. Which of the following procedures do you perform?

	Laparoscopic		# In Past 12 Months	# In Next 12 Months	Open		# In Past 12 Months	# In Next 12 Months
Roux en Y	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Gastic Banding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
VBG	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Please explain what Other procedures you perform: _____

2. What percentage of Revenue comes from:

Roux en Y _____ VBG _____
 Gastic Banding _____ Other _____

3. Are you doing any other procedures that may be categorized as bariatric surgery? (i.e. biliopancreatic diversion or jejunoileal bypass) If "Yes", please explain: _____

4. What percent of your practice involves Bariatrics? _____

5. Are you a member of a Bariatric Surgery Organization? _____

If so, which ones? _____

6. How long have you been performing bariatric surgery? _____

7. Do you accept Medicare/Medicaid patients? _____ If yes, what % _____

Please send:

1. Copy of any advertising done.
2. Information sheet given to patients and outline of your protocols, including nutrition, pre and post-op counseling.
3. Any information sent to primary care physician involving follow-up.
4. Evidence of additional training in Bariatrics.