

# Bariatric Center Information

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**Walter J. Chlysta MD, FACS**

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Akron, OH 44307  
Phone (330) 344-1950  
Fax (330) 344-0014  
Email: cburke@agmc.org

A message from Dr. Chlysta:

*Thank you for considering our program. Bariatric Surgery is a significant endeavor not to be ventured into lightly. There are many risks involved and I implore you to become as knowledgeable as possible about them. However there are many benefits and surgery can, in many cases, truly change the course of one's life. I hope very much that the following information is helpful.*

**This packet contains:**

1. Information to determine if you are a candidate for bariatric surgery
2. Information on the general types of accepted bariatric procedures in the United States and how they work.
3. Information on the **LAPBAND®** procedure, the **REALIZE™ band** (gastric banding), the **Laparoscopic Roux-en-Y gastric bypass** and the **Laparoscopic Sleeve Gastrectomy**.
4. Information on the advantages of choosing Dr. Chlysta and his staff to help you achieve your goals.
5. A medical history form and information on how to get the process started.

## **BARIATRIC INFORMATION SESSIONS**

INFORMATION SESSIONS WILL START AT 6 PM AND WILL BE AT THE FOLLOWING LOCATIONS. PLEASE CONTACT AKRON GENERAL AT **330-344-2462** TO REGISTER FOR A SESSION.

**Akron General Medical Center Board Room on these dates:**

January 17, 2012	April 17, 2012	July 17, 2012	October 16, 2012
February 21, 2012	May 15, 2012	August 21, 2012	November 13, 2012
March 13, 2012	June 12, 2012	September 18, 2012	December 11, 2012

**Akron General Health & Wellness Center - West:** January 25 & April 25, 2012, 4125 Medina Road, Akron, OH 44333

**Akron General Health & Wellness Center - North:** March 21, 2012, 4300 Allen Road, Stow, OH 44224

# Are you a candidate for Bariatric Surgery?

You must meet all of the following requirements to be a candidate for bariatric surgery. Meeting all these criteria does not guarantee that you are a candidate. There may be other patient specific issues that affect candidacy.

1. **You must have a body mass index (BMI) of 40 or more**

OR

**A BMI of 35 - 40 with obesity related health problems.** These generally include high blood pressure, osteoarthritis, sleep apnea, type II diabetes, asthma, skin fold infections, high serum cholesterol or lipids, pseudotumor cerebri, depression, urinary stress incontinence and many others. These are the more common obesity related health problems.

Body mass index is your weight in kilograms divided by your squared height in meters

**BMI (Body Mass Index) = KG/ M<sup>2</sup>**

To convert pounds to kilograms, divide your weight (in pounds) by 2.2

For example, if you weigh 250 pounds, then 250 divided by 2.2 equals 113.6 kilograms.

To convert inches to meters, multiply by 0.025.

For example, if you are 64 inches tall (5'4"), then 64 times 0.025 equals 1.6 meters.

**BMI = 113.6/1.62 = 113.6/2.56 = 44.38**

Alternatively, there is a chart on the following page to determine your BMI.

2. **You must not be addicted to drugs or alcohol**

3. **You must be at least 18 years of age**

The upper age limit is controversial and depends on the overall health and status of the patient. In general the conservative upper age limit is 65 years old.

4. **You must be psychiatrically stable and able to understand all the risks and benefits of surgery as well as alternative options.**

5. **You must be a reasonable operative risk.**

This will be determined after a thorough evaluation.

6. **You must have failed decent non-surgical attempts at weight loss.**

# Body Mass Index Chart

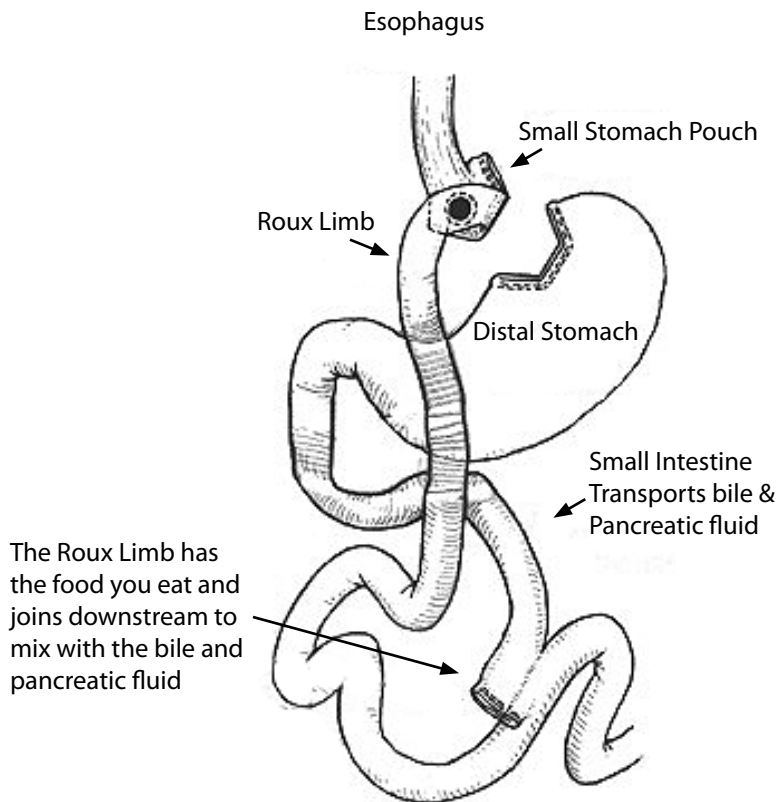
<b>BMI</b>	<b>36</b>	<b>37</b>	<b>38</b>	<b>39</b>	<b>40</b>	<b>41</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>45</b>	<b>46</b>	<b>47</b>	<b>48</b>	<b>49</b>	<b>50</b>	<b>51</b>	<b>52</b>	<b>53</b>	<b>54</b>
Height (inches)	<b>Body Weight (pounds)</b>																		
<b>58</b>	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
<b>59</b>	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
<b>60</b>	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
<b>61</b>	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
<b>62</b>	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
<b>63</b>	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
<b>64</b>	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
<b>65</b>	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
<b>66</b>	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
<b>67</b>	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
<b>68</b>	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
<b>69</b>	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
<b>70</b>	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
<b>71</b>	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
<b>72</b>	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
<b>73</b>	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
<b>74</b>	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
<b>75</b>	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
<b>76</b>	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

# Laparoscopic Roux-en-Y Gastric Bypass

The Roux-en-Y Gastric Bypass (GBP) procedure is the most popular bariatric procedure in North America, and is considered "The gold standard," as it has been around since 1967. This surgery can now be performed laparoscopically (minimally invasive surgery) in most cases through six small incisions. The stomach is partitioned into two parts using a surgical stapler. The upper part forms a small (approx. 1 ounce) proximal gastric pouch, which will receive food. Then an outlet from the pouch to a limb of the small bowel (150 cm Roux limb) is created using a circular stapler. This results in a bypass of most of the stomach and duodenum. The hospital stay is usually 2 days. Reported weight loss from the GBP varies widely, but it is generally reported that percent excess weight loss ranges from 70% to 80% within two to three years.

Three quarters of the weight loss occurs in the first year in contrast to the gradual weight loss of gastric banding. If the gallbladder has stones, and they are causing symptoms, it may be removed at the time of surgery. If it does not contain stones, or there are no symptoms, patients are placed on Actigall (a bile thinning medication) for six months, during the most intense period of weight loss to decrease the risk of gallstone formation.

Potential complications include gastric perforation, leakage from the anastomosis (hook-up), vitamin/mineral deficiencies, blood clots and others. Dr. Chlysta will discuss these with you during your appointment.



**ROUX-EN-Y  
GASTRIC BYPASS  
SCHEMATIC**

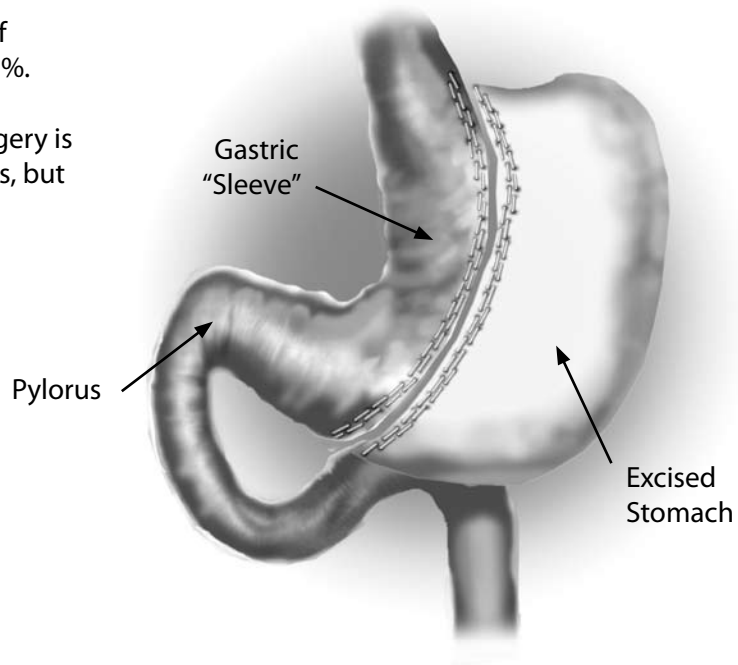
# Laparoscopic Sleeve Gastrectomy

Vertical Gastrectomy or Vertical Sleeve Gastrectomy (VSG), was first developed in 1993 and was further revised and then offered to morbidly obese patients in 2001 for weight loss. VSG historically had been performed only as the first stage of Bilio-Pancreatic Diversion with Duodenal Switch (BPD-DS) in patients who may be at high risk for complications from more extensive types of surgery. These patients' high-risk levels are due to body weight or medical conditions. However, more recent information indicates that some patients who undergo a VSG can actually lose significant weight with VSG alone, and avoid a second procedure.

The Sleeve Gastrectomy is an operation that limits how much food you can eat by significantly reducing the size of your stomach (by 75% or more) but does not lead to decreased absorption of food. The left side of your stomach is surgically removed, resulting in a new stomach, which is roughly the size and shape of a banana and holds 2-3 oz. It is carried out laparoscopically with 5 or 6 very small incisions, and is therefore much less traumatic than open surgery, with a shorter healing time and less risk. Since this operation does not involve any "rerouting" of the intestines, it is a simpler operation than the Gastric Bypass, and you will suffer none of the side effects experienced by bypass patients because your digestion is unaltered.

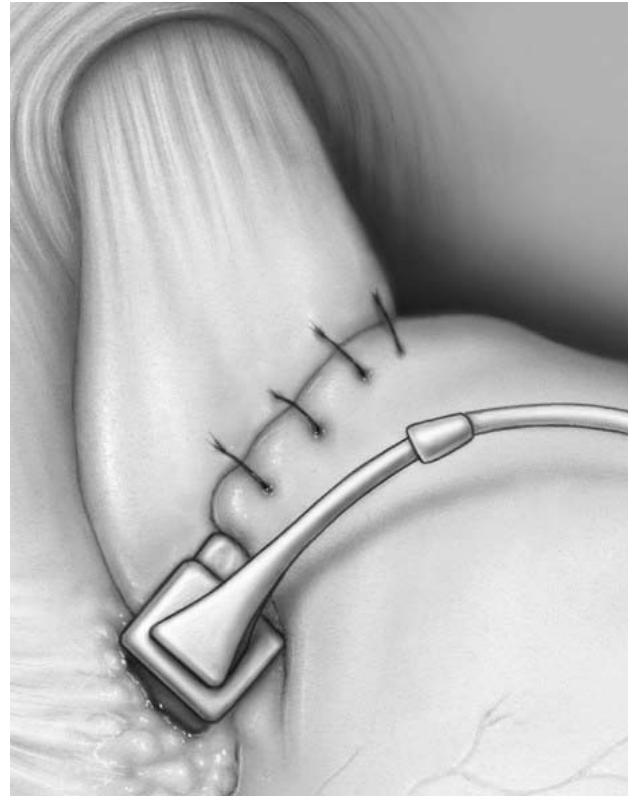
The portion of your stomach that is removed is responsible for secreting Ghrelin, which is a hormone that is responsible for appetite and hunger. By removing this portion of your stomach, this decreases most Ghrelin hormone production and helps to reduce the sensation of hunger that people have. The removed section of the stomach is actually the portion that "stretches" the most. The long vertical tube shaped stomach that remains is the portion least likely to expand over time and it creates significant resistance to volumes of food. Not only is your appetite reduced, but also very small amounts of food will give you early and lasting feelings of fullness! Average Excess Weight Loss (EWL) is 55%.

Currently Laparoscopic Sleeve Gastrectomy surgery is a covered benefit for some insurance companies, but may be considered investigational by others.



# Laparoscopic Adjustable Gastric Banding

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Laparoscopic gastric banding is another surgical option for weight loss. In our opinion, it is best when used on “bulk” or “meat and potato eaters.” We use the latest generation of the bands, the LAPBAND-AP® and the REALIZE Band-C™. Each of these bands has theoretical advantages over the other, but have similar results and complications. Dr. Chlysta will discuss this at your appointment.

The band is fastened around the upper stomach to create a new, tiny stomach pouch. The band is connected to an access port below the skin surface by thin, kink-resistant silicone tubing. The port allows adjustment of the band system to meet individual patient weight loss needs, by adding or removing saline to inflate or deflate the band. This impacts the amount and consumption rate of food. The goal rate of weight loss is 1-3 lbs. a week.

Adjustments to the band, which are performed during simple outpatient visits, are determined by the patient’s weight loss, the amount of food that can be comfortably eaten, the exercise regimen, and other issues surrounding the patient’s health, as well as the amount of fluid already in the patient’s band. As a result, patients experience an earlier sensation of fullness and are satisfied with smaller amounts of food.

Since there is no cutting, stapling, or rerouting of the stomach involved with the gastric banding, it is considered the least traumatic of all weight loss surgeries. Five or six tiny incisions are made, and long, slender instruments are used to implant the device. By avoiding the large incision of open surgery, patients generally experience less pain and scarring. In addition, the hospital stay is shortened to usually less than 24 to 48 hours. Patients can typically resume normal activities within 1-2 weeks. Average Excess Weight Loss (EWL) is 40%.

As with any bariatric procedure there is the potential for long and short-term complications that you should be well aware of prior to undergoing surgery. Some of these include gastric perforation, band slippage, band/device failure, esophageal dilation and others. Dr. Chlysta will discuss potential complications with you during your appointment.

# Gastric Banding, Sleeve and Bypass Comparison

	<b>BANDING</b>	<b>SLEEVE</b>	<b>BYPASS</b>
<b>Usual Length of Hospital Stay</b>	1-2 Days	2-3 Days	2-3 Days
<b>Average Time to Lose Excess Weight</b>	3 years (1-2lbs/week)	12-18 months	12-18 months
<b>Average Excess Weight Loss</b>	40%	55%	75%
<b>Effectiveness with "Sweet Eaters"</b>	Suboptimal	Fair	Good
<b>Surgery Introduction</b>	2001 & 2007 FDA Approval	1993	1967
<b>Requires Maintenance "Fills"</b>	Yes	No	No
<b>Requires Re-routing of Intestines</b>	No	No	Yes
<b>Invasiveness of Surgery</b>	Least	More	Most
<b>Risk of Vitamin Deficiencies</b>	Least	More	Most
<b>Re-operation Rate</b>	Higher	Lower	Lower
<b>% Operative Mortality</b> (death rate within 30 days of surgery)	0.1%	.19%	.5%
<b>Reversibility</b>	EASY	IRREVERSIBLE	DIFFICULT

# Why Choose Us?

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**We offer very personalized service.**

Your initial interview/evaluation is performed directly by Dr. Chlysta, and Kathy, our certified nurse practitioner. There are no nursing assistants or ancillary providers initially involved. Therefore all of your questions are directly answered by Dr. Chlysta.

**We offer a very structured post-operative follow-up plan.**

Much thought has gone into your post-operative care. We have a very competent network of independent support personnel including dietitians, psychologists, medical physicians and physical therapists. There are also specialists in endocrinology, pulmonology, cardiology and others if needed.

**Our results are usually excellent.**

Dr. Chlysta will discuss results with you personally at your appointment. You can meet past patients at our monthly support group meetings and ask them about their surgical experience and results.

**We have a dedicated monthly support group.**

This allows a spirit of camaraderie by addressing postoperative issues and education. It also permits prospective patients to talk with those who have already undergone surgery.

**We offer the minimally invasive (laparoscopic) weight loss surgery to most patients.**

The open gastric bypass is as effective but has a higher rate of wound and pulmonary complications, more pain, and a longer length of stay and overall recovery period. Many centers claim they offer laparoscopic obesity surgery. However, for laparoscopic surgery they may have standard exclusions, such as weight limits, prior abdominal surgery and others. You should ask about exclusions when you are evaluating a bariatric center. We don't have arbitrary exclusions and will do our best to perform your surgery laparoscopically, and most importantly, safely. We perform laparoscopic obesity surgery more than 99% of the time.

**We were one of the first hospitals in the USA to offer both the LAPBAND® and The REALIZE Band-C™** considered the safest bariatric procedures.

**We really care.**

Nothing is more satisfying than changing someone's life in a positive way. We make every effort to make sure that your experience will be positive. We try to treat patients as we would like to be treated. After all..."what goes around comes around."

**You will not be treated like a number.**

We offer prompt service and attention that other bariatric centers may not be able to offer. We are able to give more personal attention to our patients both in the hospital and post-operatively.

# Where Do I Start?

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1. Learn as much as you can about bariatric surgery and determine if it is something you really want to do. Bariatric surgery is not an “easy way out” or a “quick fix”. It is a major procedure that helps most people but has resulted in death or unpleasant experiences for a few.
2. Find out what your body mass index (BMI) is and determine if you are a candidate by reviewing the second page of this handout.
3. If you are a candidate, you may not be sure which procedure is best for you. This is normal. You can learn more about your options at The American Society for Metabolic and Bariatric Surgery website, [www.asmb.org](http://www.asmb.org). All your questions/concerns will be answered at your initial consultation. Together, you and your surgeon can reach a decision about which procedure is the right surgery for you.
4. Call Kellie, our bariatric secretary, at 330-344-1950, with your insurance information. She will be happy to check if you have benefits for bariatric procedures and which procedures are covered. Some insurance companies have limits on bariatric coverage. If so, full prepayment is required prior to scheduling surgery.
5. Fill out the medical history form included in this packet and mail, fax or email it to our address that is listed on the first page of the form. After we have reviewed your medical history we will contact you regarding an appointment. If you are not contacted within 7-10 days of mailing your medical history form, please call our office at 330-344-1950.

*Please note that if your insurance company does not cover the initial office consultation, you will be charged \$300 for the visit. This is rare. The insurance approval process takes about 6 months for most plans and preoperative studies usually 1 month.*

**Thank you for your interest. If you have questions please contact our office at (330) 344-1950.**

# Bariatric Cost Information

Below are the out of pocket amounts you are expected to pay if you are NOT using insurance or are using an insurance plan that Akron General Medical Center is NOT a contracted provider. If your insurance plan has a contract with Akron General Medical Center, then you will be expected to pay the amounts as determined by your policy.

## **LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS COST**

### **Hospital - \$16,700**

\$16,700 paid to the hospital by money order or cashiers check at least 2 days before the date of surgery. If hospital charges exceed \$50,000 the patient will be responsible for 50% of the charges over \$50,000 in addition to the initial charge. If diagnostic tests are necessary (radiology, pathology) there may be physician fees related to interpretation of the tests.

**Anesthesia - \$1,950** paid at least 2 days before surgery

**Surgeon's fee - \$3,750** must be paid to Dr. Chlysta on the day surgery is scheduled.

The usual uncomplicated gastric bypass therefore requires an **initial payment of \$22,400** prior to surgery.

## **GASTRIC BANDING COST**

### **Hospital - \$18,100**

\$18,100 paid by money order or cashiers check to the hospital at least 2 days before the date of surgery. If hospital charges exceed \$50,000 the patient will be responsible for 50% of the charges over \$50,000 in addition to the initial charge. If diagnostic tests are necessary (radiology, pathology) there may be physician fees related to interpretation of the tests.

**Anesthesia - \$1,600** paid at least 2 days before the date of surgery.

**Surgeon's fee - \$3,250** must be paid to Dr. Chlysta on the day surgery is scheduled.

The usual uncomplicated gastric band requires an **initial payment of \$22,950** prior to surgery.

## **GASTRIC SLEEVE**

### **Hospital - \$14,900**

\$14,900 paid by money order or cashiers check to the hospital at least 2 days before the date of surgery. If hospital charges exceed \$50,000 the patient will be responsible for 50% of the charges over \$50,000 in addition to the initial charge. If diagnostic tests are necessary (radiology, pathology) there may be physician fees related to interpretation of the tests.

**Anesthesia - \$1,600** paid at least 2 days before the date of surgery.

**Surgeon's fee - \$3,250** must be paid to Dr. Chlysta on the day surgery is scheduled.

The usual uncomplicated gastric sleeve requires an **initial payment of \$19,750** prior to surgery.

## Bariatric Cost Information (continued)

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### **R.O.S.E. PROCEDURE**

#### **Hospital - \$7,300**

\$7,300 paid by money order or cashiers check to the hospital at least 2 days before the date of surgery. If hospital charges exceed \$50,000 the patient will be responsible for 50% of the charges over \$50,000 in addition to the initial charge. If diagnostic tests are necessary (radiology, pathology) there may be physician fees related to interpretation of the tests.

**Anesthesia - \$1,300** paid at least 2 days before the date of surgery.

**Surgeon's fee - \$4,500** must be paid to Dr. Chlysta on the day surgery is scheduled.

The usual uncomplicated R.O.S.E. procedure requires an **initial payment of \$13,100** prior to surgery.

You must contact the following individuals prior to surgery for payment arrangements:

ACC Registration:  
Jan 330-344-2807

Anesthesia Associates:  
Glenda 330-344-6401

Payments to anesthesia can be mailed to:  
Anesthesiology Associates of Akron  
224 West Exchange St, Suite 360  
Akron, OH 44302

Prices are effective 1/01/11 and expire 12/31/11

# Medical History Form

Walter J. Chlysta MD, Inc.



Please complete this questionnaire and do not leave any answers blank. If the question does not apply, please write "NA."

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Bus/cell): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**PRIMARY INSURANCE:** \_\_\_\_\_ ID# \_\_\_\_\_  
Customer Service Phone #: \_\_\_\_\_

**SECONDARY INSURANCE:** \_\_\_\_\_ ID# \_\_\_\_\_  
Customer Service Phone #: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_

Spouse's social security #: \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Bus): \_\_\_\_\_

**CURRENT WEIGHT** \_\_\_\_\_ **CURRENT HEIGHT** \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

I am interested in (circle one):    Gastric Bypass    Gastric Banding    Gastric Sleeve

**REFERRAL INFORMATION**

Referring Physician: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERSONAL MEDICAL HISTORY**

ALLERGIES AND YOUR REACTIONS: \_\_\_\_\_

**MEDICAL PROBLEMS** Please list your medical problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Have you ever suffered with any of the following health problems?**

Diabetes:	Yes	No	Details:
Asthma:	Yes	No	Details:
Respiratory/Breathing problems:	Yes	No	Details:
Arthritis or joint pain:	Yes	No	Details:
Back pain:	Yes	No	Details:
Kidney or urinary disorder:	Yes	No	Details:
Neurological:	Yes	No	Details:
Psychological/nervous disorder:	Yes	No	Details:
Blood clots/Deep vein clot:	Yes	No	Details:
Reflux or heartburn:	Yes	No	Details:
Gastric or duodenal ulcer:	Yes	No	Details:
Hepatitis or liver disease:	Yes	No	Details:
High blood pressure:	Yes	No	Details:
Heart disease:	Yes	No	Details:
High cholesterol:	Yes	No	Details:
Anemia or bleeding disorder	Yes	No	Details:
Varicose veins or leg swelling	Yes	No	Details:
Infectious disease	Yes	No	Details:
Cancer	Yes	No	Details:
Leukemia	Yes	No	Details:
Sleep apnea	Yes	No	Details:
Are you on CPAP or BIPAP?	Yes	No	Details:

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**MEDICATIONS**

Please list all CURRENT prescribed and over-the-counter medications that you are taking and their dosages:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Additional medications: \_\_\_\_\_

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## SURGICAL HISTORY

Please list all prior surgery (dates if possible) and any adverse reactions or events (ex. bleeding, high fever, etc.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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## SOCIAL PROFILE

### FAMILY STRUCTURE:

Children/Ages: \_\_\_\_\_

Friends/Support: \_\_\_\_\_

### ALCOHOL:

Do you drink alcohol?    Never       Rarely       Regularly

How many standard glasses do you drink per day? \_\_\_\_\_    How many days do you drink per week? \_\_\_\_\_

Do you drink    Beer       Wine       Spirits

### SMOKING:

Do you smoke?    Yes    No    Never       If yes, how many per day? \_\_\_\_\_

Have you smoked in the past?    Yes    No       If so, how many per day? \_\_\_\_\_ What did you smoke? \_\_\_\_\_

For how many years? \_\_\_\_\_       When did you stop smoking? \_\_\_\_\_

Have you used any illegal drugs?    Yes    No       Last used when? \_\_\_\_\_

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## WEIGHT HISTORY

Please indicate your weight at the following times. Please indicate whether you consider your weight was below average, average, above average or very heavy in the relevant boxes.

	Average	Average Weight	Above Average	Very Heavy
Birth Weight				
Weight at starting school (5-6 years)				
Weight at beginning of high school (10-12 yrs)				
Weight at end of high school (15-18 years)				
Weight at time of commencing work (21 years)				
Weight at time of marriage (if applicable)				

Heaviest weight and approximate time of heaviest weight: \_\_\_\_\_

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## DIET HISTORY

Typical breakfast (food and beverage): \_\_\_\_\_

Food or beverages consumed between breakfast and lunch (any snack even if it is only once a week): \_\_\_\_\_

Typical lunch (food and beverage): \_\_\_\_\_

Food or beverages consumed between lunch and dinner (any snack even if it is only once a week): \_\_\_\_\_

Typical dinner (food and beverage): \_\_\_\_\_

Food or beverages consumed after dinner (any snack even if it is only once a week): \_\_\_\_\_

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## WEIGHT LOSS HISTORY

It is very important to document all weight loss attempts and the length of the attempt. This information will be reviewed and used by your insurance company to help approve or deny coverage for your surgery. All attempts are important (Slimfast, Dexatrim, Richard Simmons tapes, etc.). They reflect your effort at weight loss.

Meridia: \_\_\_\_\_ Duration: \_\_\_\_\_

Xenical: \_\_\_\_\_ Duration: \_\_\_\_\_

Redux/Fen-Phen: \_\_\_\_\_ Duration: \_\_\_\_\_

Weight Watchers: \_\_\_\_\_ Duration: \_\_\_\_\_

Physicians Weight Loss: \_\_\_\_\_ Duration: \_\_\_\_\_

TOPS: \_\_\_\_\_ Duration: \_\_\_\_\_

LA Weight Loss: \_\_\_\_\_ Duration: \_\_\_\_\_

Jenny Craig/Nutrisystem/Gloria Marshall etc: \_\_\_\_\_ Duration: \_\_\_\_\_

Hypnotherapy: \_\_\_\_\_ Duration: \_\_\_\_\_

Fad diets: \_\_\_\_\_ Duration: \_\_\_\_\_

OTC Appetite suppressants: \_\_\_\_\_ Duration: \_\_\_\_\_

Amphetamines: \_\_\_\_\_ Duration: \_\_\_\_\_

Details of any other weight loss measures (including surgical): \_\_\_\_\_

Was there any particular event that led to significant weight gain? \_\_\_\_\_

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## ACTIVITY LEVEL ~ What exercise do you do on a regular basis?

How many sessions of exercise (walking, sports, etc.) do you do per week for more than 30 minutes at a time? \_\_\_\_\_

Type of activity: \_\_\_\_\_

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## FAMILY MEDICAL HISTORY

Do you have a family history of any of the following and if so, please indicate:

Parent	Sibling/Child	Other Relatives (cousins, aunts, grandparents etc)	No Family History	Don't Know
Diabetes				
Heart attack				
Hypertension				
Gout				
Gallstones				
Obesity				
Snoring/sleep apnea				
Asthma				
Allergies				
Hayfever				
Dermatitis /Eczema				
High Cholesterol				
Osteoporosis				
Cancer				

## AUTHORIZATION FOR PAYMENT AND RELEASE OF MEDICAL INFORMATION

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, Medicaid or other government sponsored programs, private insurance and other health plans to Walter J. Chlysta, M.D., Inc. to release any and all information, medical or otherwise, necessary to secure payment including all charges incurred without a valid referral. I authorize Walter J. Chlysta, M.D., Inc. to initiate a complaint to the Ohio Department of Insurance on behalf of the patient for denied or late claims. By signing this form, I deem all the information is true and I have not omitted any information that may affect my medical treatment.

\_\_\_\_\_  
Patient (or guardian) signature

\_\_\_\_\_  
Date

Please mail, fax or email your completed medical history form to:

**Walter J. Chlysta MD, FACS**  
**400 Wabash Avenue, Akron, OH 44307**  
**Fax: 330-344-0014**  
**Email: cburke@agmc.org**

**If you are not contacted for an appointment within 7-10 days, please call our office at (330) 344-1950.**  
**Thank you.**

[www.akrongeneral.org/obesity](http://www.akrongeneral.org/obesity)