

WW SOS - WeightWise Surgical Outcomes Study Transforming Lives, Transforming Results

WeightWise Bariatric Program Study- We need your updated information!!!
High Quality medical journals require high degree of follow up. Help us push for more ubiquitous insurance coverage for weight loss surgery.

Your Name:

Date of Update:

Weight:

Lowest Weight: When:

Current Weight:

Complications:

Operation(s) Since Weight-loss Surgery:

PCP Name:

Last Visit:

Last Labs:

Is it OK to contact for info: Yes No

Medications (including OTC meds):

Vitamins

Do you currently have: (Please circle all that apply)

HTN DMII OSA GERD Asthma Migraine

Stress Urinary Incontinence Hyperlipidemia Anxiety/Depression

Elevated Liver Enzymes Gout Pain: Knees Hips Back Ankle

Other:

Please return completed form to Alexis (Study Coordinator)

Fax: (405) 844-3440

Email: alexis.p@weightwise.com

Phone: (405) 715-7177