

Ara Keshishian, MD, FACS, FASMBS

A Professional Medical Corporation
 General Surgery, Weight loss surgery, Advanced Laparoscopic Surgery

1808 Verdugo Blvd., Suite 413, Glendale, CA 91208
 1205 Garces Hwy, Suite 303, Delano CA, 93215
 www.dssurgery.com

Phone: 800-816-6647
 Fax: 661-725-8051

Have your discussed weight loss surgery with your Physician? Yes No

Date of Last		
Complete physical exam	____ / ____ / ____	
Lab Work (Blood Test)	____ / ____ / ____	
Chest X-Ray / EKG	____ / ____ / ____ / ____ / ____	
Pap Smear/ Mammogram	____ / ____ / ____ / ____ / ____	
	____ / ____ / ____	
Female Patients Only		
Age of first period	____	Regular: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last Menstrual Cycle	____ / ____ / ____	
Number of pregnancies past first trimester / Live birth	____ / ____	

Social Habits

	Ever used	How much	Since (date)	If stopped when (date)
Smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No		/	/
Other tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No		/	/
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No		/	/
Other drugs (specify)			/	/

Weight Loss Programs You Have Tried

Jenny Craig	<input type="checkbox"/>	Atkins	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>
MediFast/ OptiFast	<input type="checkbox"/>	Nutrisystem	<input type="checkbox"/>	Phen Fen	<input type="checkbox"/>
Slim Fast	<input type="checkbox"/>	Weight Watchers	<input type="checkbox"/>	Xenical	<input type="checkbox"/>
Metabolife	<input type="checkbox"/>	Meridia	<input type="checkbox"/>	Redux	<input type="checkbox"/>
Other					
Can you provide the records or receipts for any of the above programs: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Height /Weight information

<i>Provide the best estimate</i>	Height	Weight
Height/Weight in Jr. High School		
Height/Weight in High School		
Lowest weight as an adult		
Highest weight as an adult		
Your Last known		
Family members >50 lbs over weight		



Center of
Excellence
 BARIATRIC SURGERY

Ara Keshishian, MD, FACS, FASMBS

A Professional Medical Corporation
 General Surgery, Weight loss surgery, Advanced Laparoscopic Surgery

1808 Verdugo Blvd., Suite 413, Glendale, CA 91208
 1205 Garces Hwy, Suite 303, Delano CA, 93215
www.dssurgery.com

Phone: 800-816-6647
 Fax: 661-725-8051

Allergies

Medication or Food	Symptoms (Nausea, shortness of breath etc)

Medications (may attach a list if available)

Name	Dosage and frequency

Previous Surgeries

Operation (including C-section)	Date
	___ / ___ / ___
	___ / ___ / ___
	___ / ___ / ___
	___ / ___ / ___
	___ / ___ / ___
	___ / ___ / ___

Past Medical problems

Circle all that apply (Diagnostic codes are for internal use)

<p>Cardiovascular</p> <p><input type="checkbox"/> Arrhythmia -Irregular heart rhythm 427.9</p> <p><input type="checkbox"/> History of Hearth Attack V12.53</p> <p><input type="checkbox"/> High Blood Pressure (HTN) 401.1</p> <p style="padding-left: 20px;"><input type="checkbox"/> Poorly controlled 401.0</p> <p><input type="checkbox"/> Congestive heart failure (CHF) 428.0</p> <p><input type="checkbox"/> Venous insufficiency (peripheral) 459.81</p> <p><input type="checkbox"/> Varicose veins 454.9</p> <p><input type="checkbox"/> Swelling of ankles 719.07</p>	<p>Musculoskeletal</p> <p><input type="checkbox"/> Arthritis – weight bearing joints 716.98</p> <p><input type="checkbox"/> Joint pain – weight bearing joints 719.49</p> <p><input type="checkbox"/> Joint pain – Back 719.48</p> <p><input type="checkbox"/> Joint pain – Foot 719.47</p> <p><input type="checkbox"/> Joint pain – Hip 719.45</p> <p><input type="checkbox"/> Joint pain – Knee 719.46</p> <p><input type="checkbox"/> Low back pain 724.2</p> <p><input type="checkbox"/> Sciatica 724.3</p>
--	--



Center of
Excellence
 BARIATRIC SURGERY

Ara Keshishian, MD, FACS, FASMBS

A Professional Medical Corporation
 General Surgery, Weight loss surgery, Advanced Laparoscopic Surgery

1808 Verdugo Blvd., Suite 413, Glendale, CA 91208
 1205 Garces Hwy, Suite 303, Delano CA, 93215
 www.dssurgery.com

Phone: 800-816-6647
 Fax: 661-725-8051

<p>Gastrointestinal</p> <p><input type="checkbox"/> Difficulty swallowing 787.20</p> <p><input type="checkbox"/> Reflux Disease (GERD) 530.81</p> <p><input type="checkbox"/> Heartburn 787.1</p> <p><input type="checkbox"/> Hiatal Hernia 553.3</p> <p><input type="checkbox"/> Cholelithiasis -Gall stones 574.20</p> <p><input type="checkbox"/> Cholecystitis- Pain with Gall stones 574.10</p> <p><input type="checkbox"/> Hepatitis 573.3</p> <p><input type="checkbox"/> Fatty liver 571.8</p>	<p>Neuro-Psycho-Social conditions-stressors</p> <p><input type="checkbox"/> Anxiety disorder 300.00</p> <p><input type="checkbox"/> Bipolar disorder 296.80</p> <p><input type="checkbox"/> Depression 311</p> <p><input type="checkbox"/> History of abuse, emotional V15.42</p> <p><input type="checkbox"/> History of abuse, physical V15.41</p> <p><input type="checkbox"/> History of alcohol abuse V11.3</p> <p><input type="checkbox"/> Panic disorder 300.01</p> <p><input type="checkbox"/> Stress (General) 308.9</p> <p><input type="checkbox"/> Pseudotumor Cerebri 348.2</p>
<p>Endocrine</p> <p><input type="checkbox"/> Diabetes Mellitus type II 250.00</p> <p> • <input type="checkbox"/> Poorly controlled 250.02</p> <p><input type="checkbox"/> Hypothyroidism 244.9</p> <p><input type="checkbox"/> Hyperlipidemia 272.0</p> <p><input type="checkbox"/> High Triglycerides - Hypertriglyceridemia 272.1</p> <p><input type="checkbox"/> High Cholesterol - Hypercholesterolemia 272.2</p> <p><input type="checkbox"/> Low Calcium - Hypocalcemia 275.41</p> <p><input type="checkbox"/> High Calcium – Hypercalcemia 275.42</p> <p><input type="checkbox"/> Hyperparathyroidism 252.0</p> <p><input type="checkbox"/> Hypoglycemia, unspecified 251.2</p> <p><input type="checkbox"/> Iron deficiency anemia low dietary-absorption 280.1</p> <p><input type="checkbox"/> Lactose intolerance 271.3</p> <p><input type="checkbox"/> Vitamin deficiencies – multiple 269.2</p> <p><input type="checkbox"/> Vitamin B12 deficiency 266.2</p> <p><input type="checkbox"/> Vitamin D deficiency 268.0-268.9</p>	<p>General complaints and Complications of previous WLS (if any)</p> <p><input type="checkbox"/> Abdominal pain 789.00</p> <p> RUQ 01, LUQ 02, RLQ 03, LLQ 04</p> <p><input type="checkbox"/> Anemia 285.9</p> <p><input type="checkbox"/> Anorexia (loss of appetite) 783.0</p> <p><input type="checkbox"/> Bezoar Obstruction – Food blockage 935.2</p> <p><input type="checkbox"/> Complications of device 996.70</p> <p><input type="checkbox"/> Dehydration 276.51</p> <p><input type="checkbox"/> Diarrhea – following bowel surgery 564.4</p> <p><input type="checkbox"/> Disorders of calcium metabolism 275.40</p> <p><input type="checkbox"/> Dumping syndrome 564.2</p> <p><input type="checkbox"/> Fistula – gastrointestinal 537.4</p> <p><input type="checkbox"/> Fistula – post-op persistent 998.6</p> <p><input type="checkbox"/> Gastric outlet obstruction/stenosis 537.0</p> <p><input type="checkbox"/> Gastroesophageal reflux 530.81</p> <p><input type="checkbox"/> Hair loss 704.00</p> <p><input type="checkbox"/> Hematemesis (vomiting blood) 578.0</p> <p><input type="checkbox"/> Malnutrition of mild degree 263.1</p> <p><input type="checkbox"/> Malnutrition of moderate degree 263.0</p> <p><input type="checkbox"/> Nausea 787.02</p> <p><input type="checkbox"/> Protein-calorie malnutrition 263.9</p> <p><input type="checkbox"/> Pulmonary Embolism – post operative 415.11</p> <p><input type="checkbox"/> Small bowel obstruction 560.9</p> <p><input type="checkbox"/> Incisional Hernia 533.21</p> <p><input type="checkbox"/> Hernia – Ventral 533.20</p> <p><input type="checkbox"/> Others not listed (write in please):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Respiratory System</p> <p><input type="checkbox"/> Asthma – unspecified 493.9</p> <p>Diagnostic symptoms for sleep apnea- hyponea</p> <p> • <input type="checkbox"/> Daytime sleepiness 780.50</p> <p> • <input type="checkbox"/> Frequent awakening 780.50</p> <p> • <input type="checkbox"/> Morning headaches 784.0</p> <p> • <input type="checkbox"/> Night sweats 780.8</p> <p> • <input type="checkbox"/> Snoring 786.09</p> <p> • <input type="checkbox"/> Primary Central sleep apnea 327.21</p> <p>Sleep related hypovent./hypoxemia 327.26</p> <p><input type="checkbox"/> Snort or gasp- at night – wakes you up 786.09</p> <p><input type="checkbox"/> Obstructive sleep apnea 327.23</p> <p><input type="checkbox"/> Unspecified sleep apnea 780.57</p>	
<p>Urinary</p> <p><input type="checkbox"/> Frequent urination 788.41</p> <p><input type="checkbox"/> Urinary stress incontinence – Female 625.6</p> <p><input type="checkbox"/> Urinary stress incontinence – Male 788.32</p> <p>Gynecological</p> <p><input type="checkbox"/> Heavy periods 626.2</p> <p><input type="checkbox"/> Amenorrhea (no periods) 626.0</p> <p><input type="checkbox"/> Infertility 628.9</p> <p><input type="checkbox"/> Irregular periods 626.4</p> <p><input type="checkbox"/> Dysmenorrhea – Painful periods 625.3</p> <p><input type="checkbox"/> Polycystic ovary disease 256.4</p>	



Ara Keshishian, MD, FACS, FASMBS

A Professional Medical Corporation
General Surgery, Weight loss surgery, Advanced Laparoscopic Surgery

1808 Verdugo Blvd., Suite 413, Glendale, CA 91208
1205 Garces Hwy, Suite 303, Delano CA, 93215
www.dssurgery.com

Phone: 800-816-6647
Fax: 661-725-8051

MISCELLANEOUS INFORMATION

Do you take Vitamins? Yes No Daily? Yes No

Do you smoke? Yes No Number of packs_____ Number of years_____

Quit? Yes No When? _____

Do you drink any alcoholic beverages: Yes No If yes, Type: _____

Do you or have you used any illicit drugs: Yes No Type: _____

How

Long: _____ When was the last time you used: _____

Do you live alone: Yes No

Do you care for young children or any elderly: Yes N

List household members (Names & ages): _____

The information completed in this packet is true and correct to the best of my belief

Print your name: _____ Date: _____

Signature: _____



Center of
Excellence
BARIATRIC SURGERY