

This form should only be completed by your PCP (primary care provider) such as a family doctor or nurse practitioner.

Email this form to [bariatricclinic@uhn.ca](mailto:bariatricclinic@uhn.ca) or fax to 416-603-5142

**Patient Demographics:**

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Health card number (OHIP): \_\_\_\_\_

Version code: \_\_\_\_\_

**Required patient measurements**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Neck circumference (in): \_\_\_\_\_

Waist circumference (in): \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

**Allergies:**

**Sleep Apnea Assessment**

Please complete a STOP-BANG assessment on your patient to see whether they need a sleep study. Please tally the questions and if your patient scores a minimum 4/8 please send them for a sleep study.

Do you snore loudly?	
Do you often feel tired or fatigued after your sleep?	
Has anyone ever observed you stop breathing in your sleep?	
Do you have or are you being treated for high blood pressure?	
Is BMI greater than 35 kg/m <sup>2</sup> ?	
Age older than 50 years old?	
Neck Circumference Greater Than (17 inches Male) or (16 inches Female)	
Gender: Male?	
STOP-Bang Total Score	

Please send a copy of the following as necessary:

- Most recent sleep study (no later than 3 years)
- A CPAP titration report or any sleep clinic follow up notes
- Cardiac investigations and consults in the last 5 years

Past medical history

Medications

Past surgeries/procedures

---

Print name (MD/NP)

Signature

Date

Dear Patient,

Thank you for attending our orientation class. To assess your surgical eligibility, you need to complete preoperative blood work. Please complete the blood work below at least six weeks before your first nursing appointment at the Bariatric Assessment Clinic.

Please take this handout to your family doctor (PCP) or nurse practitioner so that they can complete a blood work requisition that you can bring to any local lab.

**Required items to be tested:**

- Hemoglobin A1C (HbA1C)
- Serum iron
- Potassium
- Sodium
- Vitamin B 12
- Creatinine
- eGFR
- Alanine Transaminase (ALT)
- Albumin
- Lipid assessment:
  - High-Density Lipoprotein (HDL)
  - Low-Density Lipoprotein (LDL)
  - Triglycerides
  - Cholesterol
- Complete Blood Count (CBC)
- Vitamin D (25-Hydroxy) \*Please indicate on the form that the patient meets OHIP eligibility criteria
- Thyroid Stimulating Hormone (TSH)
- Ferritin
- Helicobacter Pylori (H. Pylori)

If you have any questions, please feel free to contact the Bariatric Assessment Clinic at 416-603-5800 ext. 6145.

Sincerely,

Bariatric Assessment Clinic  
Toronto Western Hospital