
MWL Information Sheet

Date of Bariatric surgery

Surgeon

Type of surgery (Roux-en-y gastric bypass/lap band/duodenal switch/gastric band)

Height

Original weight

Original BMI

Current weight

Current BMI

Current Medical problems

Current Medications (Including herbs/ vitamins/ minerals)

Allergies

Past Surgical History

Rate areas of concern (1=most, 6=least)

Face

Abdomen

Breast

Back

Buttock

Thighs

Arms
