



Dear Physician,

Our mutual patient is having a weight loss procedure with JourneyLite Physicians. We would greatly appreciate it if you could do a pre-operative history and physical. Enclosed is a simple form that can be filled out if desired, or a formal H&P from your EMR, whichever is easiest for you.

If you would like to do labs and/or an EKG as a part of your workup, at a minimum our anesthesia department requires a CBC and CMP, as well as a 12-lead EKG on patients with a history of:

- Age > 50
- Chronic kidney disease
- Diabetes
- History of stroke or TIA
- Hypertension
- Hyperlipidemia
- Heart disease
- Sleep apnea
- Smoking

If you have any questions please feel free to reach out to us at the following contacts:

Email:

- provider@curryweightloss.com

Phone:

- Cincinnati/Northern Kentucky: (513) 559-1222
- Columbus/Dayton: (877) 442-2263

Thank you for your assistance, and we look forward to working together with you to improve our patient's health and quality of life.

Sincerely,

A handwritten signature in black ink that reads "Trace Curry MD". The signature is written in a cursive, flowing style.

Trace Curry MD
Medical Director
JourneyLite Physicians

PRE-OP WEIGHT LOSS PROCEDURE HISTORY & PHYSICAL

Please fax to JourneyLite Physicians at (513) 559-1235

Patient Name: _____ DOB: _____

Surgery Date: _____ Age: _____

Chief Complaint: obesity/overweight

Past Medical History:

Family History:

Social History:

Alcohol: None Occasional Moderate Heavy

Smoking: Never smoked Past smoker, quit Current smoker

Other _____

Current Meds (list names only, dosages not needed):

Allergies:

Review of Systems			Details
Constitutional	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Cardiovascular	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Respiratory	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
GI	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Hematologic	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Endocrine	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Psych	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	

Physical Exam

Vitals: B/P _____ Pulse: _____ Resp. _____ Temp. _____ Ht _____ Wt _____

General	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
HEENT	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Lungs	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
CV	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Abdomen	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Extremities	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	
Neuro	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnormal	

Was an EKG done? Yes No

Were labs done? Yes No

(If yes please include with fax or indicate where we can obtain results.)

Is the patient medically cleared for surgery? Yes No

NOTES:

Signature: _____ Date:

Printed Name: _____

Phone:

For any questions please call (513) 559-1222.