



Patient Contract

As part of my obligation to my surgeon, the IU Health Bariatrics surgical program, and myself, I agree to accept and abide by the following:

- I will carefully and completely read all information given to me by the members of the Bariatric program team, and ask questions about anything I do not understand. I will contact my surgeon for problems/issues as directed.
- I will follow all directions given to me by my surgeon or members of the bariatric team as it relates to my surgery, my recovery, my self-care, my dietary intake and my weight loss. If I am struggling with lifestyle changes, including with any of the following, I will contact the program: diet, eating patterns, exercise, substance abuse, changes in close relationships, and thoughts of harming myself (if it is an emergency, call 911 or go to the nearest emergency room).
- I agree that I will take all medications as prescribed, and that I will remain on my nutritional supplements for the rest of my life as directed. I will not use over-the-counter medications or herbal products without consulting my surgeon.
- I will follow all dietary and activity instructions given to me by the hospital staff during my hospital stay including walking as soon as possible after surgery and frequently during my hospital stay. I will continue walking as directed upon my return home.
- I will keep all suggested/scheduled appointments with my surgeon and the Bariatric team members. Follow-up visits post-operatively will include: 1 week, 4 weeks, 3 months, 6 months, 1 year, 18 months, 2 years and annually thereafter. I have transportation available that can take me immediately to the bariatric clinic if needed.
- I will obtain necessary blood tests to check my nutritional status (at minimum, every six months after surgery for the first two years, then annually thereafter).
- I will attend Support Groups for at least the first year post-operatively.
- (Women) I will agree to refrain from becoming pregnant for at least 18 months post-operatively.
- I agree to all pre and post-operative evaluations that are essential to a positive outcome for surgery.
- I will inform all physicians on every visit about having had weight loss surgery, including during visits to the Emergency Room or admission to any hospital.
- I will never begin to use, or resume using, tobacco. If I am currently using tobacco, I will quit as soon as possible, and at least 6 months before surgery (note: insurance may deny surgery if you are still smoking prior to making the request for surgery.)
- If I choose to leave the program, notification will be given to the bariatrics clinic and follow-up care will be done with another Bariatric Center of Excellence as credentialed by the American Society of Metabolic & Bariatric Surgeons or the American College of Surgeons.

My signature signifies that I have read this form and agree with the information above.

Patient Signature

Date of Acceptance

Witness

Date