

APPENDIX - I

Proforma to be attached with application for permission to undergo Bariatric Surgery

(To be filled by the recommending Specialist)

1.	Name of Patient / Age / Sex	
2.	Name of Bariatric Surgery Procedure	
3.	Name of recommending Specialist	
4.	Hospital	
5.	Date	
6.	BMI	
7.	Co-morbidities	
8.	Presence of Reversible Endocrine Disorders causing Obesity	
9.	Controlled Drug or Alcohol Abuse	
10.	Uncontrolled Psychiatric Illness	
11.	Lack of comprehension of risks, benefits, expected outcomes, alternatives, and lifestyle changes required with bariatric surgery	
12.	Signature of Recommending Specialist	