

Gastric Bypass Patient Packet



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

Dear Prospective Patient:

Thank you for considering Dr. Clay Wellborn to help you take control of obesity and your life. Our highly trained team is committed to providing the highest level of patient care every step of the way. Dr. Wellborn was the first surgeon in Little Rock to offer the Lap-Band system and has done more than 700 Lap-Band® procedures. He has been doing Bariatric Surgery since his residency and has done more than 2,000 weight loss surgeries. He is board certified and holds active memberships with American Society for Bariatric Surgeons and the Arkansas Medical Society, and is a clinical instructor teaching residents from UAMS.

If you have tried non-surgical weight loss therapies without success, weight loss surgery may be your solution. Studies demonstrate that weight loss surgery yields the longest period of sustained weight loss in patients who have failed other non-surgical therapies. For best results, we have found patients need to actively participate in a multi-disciplinary weight loss program, which includes nutritional, emotional and exercise counseling.

If you are interested in pursuing the Gastric Bypass surgery, please read the materials provided in this packet and complete the enclosed Patient Worksheet. Once you have completed the forms, make a copy for yourself and send or fax to the address at the top of this letter. Please note that this is not an overnight process, as it requires steps that involve multiple parties. We will make every effort to expedite this process for you, and we ask that you do not make unnecessary phone calls to inquire about your case status.

In the meantime, you can begin taking positive steps toward your post-surgical success. Read the literature provided on the Web site. Refer to the checklist included in this packet and make sure everything is completed before we see you in the office. The more information you provide us with, the easier it will be for us to obtain authorization from your insurance company for your surgery.

We look forward to helping you achieve your health goals.

Sincerely,

J. Clay Wellborn, Jr., M.D.

And office staff:

Suzan Wellborn, Program Coordinator; ext. 106

Tonya Parker, Patient Liaison; ext. 108

Leslie Beckham, Insurance; ext. 111

Jamie Bussa, General Questions, Support Group Leader; ext. 110

Nicole Rucks, Scheduling; ext. 100

Gastric Bypass Patient Checklist

Before you can be scheduled for a history and physical with Dr. Wellborn you must have completed everything below. We receive a high volume of calls. If you need assistance with this form, please e-mail Tonya at tonya@arkansasobesitysurgery.com. She will get back with you as soon as possible. Please return these forms completed. Thank You.

Name _____

Date _____ Phone _____

Primary Care Physician _____

I was referred by _____

(Ad, Internet, friend, family member, physician, other — please list)

Checklist

- Filled out packet and returned it to the Wellborn Clinic.
- Copied packet and saved it in my files on (date) _____.
- Sent copy of insurance card to the Wellborn Clinic.
- Called or e-mailed to confirm office received my packet.
- Called my insurance company and used the form provided.
- Verified that my insurance would approve code 43846 without exclusion.
- Attended the Gastric Bypass seminar on (date)_____.
- Attended 1 Support Group prior to appointment with Dr. Wellborn
- Have had a sleep study and faxed it to the Wellborn clinic on (date) _____.
- Received referral from primary care doctor (if required by insurance).
- Received Primary Care Letter of Necessity (an example included in packet).
- Signed a release of medical information and sent Dr. Wellborn at least 2 years of medical history (and any other relevant medical information from any physician i.e. OB, orthopedic, cardiologist etc. Medicare and Medicaid require 18 months of physician-documented weight loss attempts).
- Called or e-mailed the Wellborn Clinic to make sure these forms were in.
- Had my psychiatric evaluation on (date)_____.
- Had my labs drawn at _____ on (date)_____.
- Faxed labs to the Wellborn Clinic on (date)_____.
- Contacted the Wellborn Clinic to make sure they received the labs.
- Called to schedule history and physical with Dr. Wellborn on (date)_____.

Once surgery is scheduled, you will be set up for:

- Nutritional evaluation
- Pre-op testing at hospital
- Surgery instructions

Records Release Authorization



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

I hereby authorize and request that all medical records be released to the following person:

Dr. J. Clay Wellborn, Jr.,
#1 St. Vincent Circle, Suite 320
Parkview Building
Little Rock, AR 72205
Phone 501.663.9600
Fax 501.663.0465

Name _____

Address _____

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

Thank You For Your Cooperation,

J. Clay Wellborn, Jr., M.D.
General and Bariatric Surgery

Advance Beneficiary Notice



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

Physician notice

We do everything possible to insure coverage by your insurance company for your Gastric Bypass Procedure. We submit prior authorization letters and request written responses of approval. We pre-certify and document everything.

It is still necessary for you to understand that if, for any reason, your insurance company does not cover payment, you are personally responsible for all bills incurred from all physician/suppliers with regard to your procedure.

Beneficiary agreement

I have been notified by my physician of the above statement and agree to be personally and fully responsible for payment.

Signed _____ Date _____

Witness _____ Date _____

For Primary Care Physician



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

The patient below is being evaluated for a Roux-en-Y procedure (CPT code 43846, diagnosis code 278.01). Below is a list of labs and documents that are needed for further evaluation. Please fax all information to the Wellborn Clinic as soon as possible; 501.663.0465. We appreciate your referral.

Name _____ Date _____

1. Labs:

- CBC
- Comprehensive metabolic profile
- Thyroid panel (T3, T4, and TSH)
- 30-minute post-prandial blood sugar (if not diabetic)
- Fasting AM Cortisol

2. Letter of medical necessity from Primary Care doctor, letter must state that medical problems cannot be effectively managed without weight loss surgery.
3. Two years of documentation showing obesity and co-morbidities, as well as documentation of medically supervised weight-loss for the last 18 months (Medicare and Medicaid require this).
4. Depending on criteria needed from your insurance, a psychiatric evaluation may be needed.

Thank you for your help in this matter. If you have any questions, please feel free to contact my office.

J. Clay Wellborn, Jr., M.D.
General and Bariatric Surgery

Tax Deductible Medical Expenses for Obesity

According to CBS Market Watch, the cost of weight-loss programs — that are not part of the treatment for diseases, such as obesity — are tax deductible. The Internal Revenue Service released this information in March 2002.

The IRS stated, “Obesity is medically accepted to be a disease in its own right.”

Taxpayers who participate in these programs for medically valid reasons will now be able to deduct amounts above 7.5 percent of their adjusted gross income, similar to any other medical expense not covered by insurance or other reimbursement. A taxpayer’s spouse and dependents would also be covered.

Still not deductible, however, are the costs of weight control programs intended “to improve the taxpayer’s appearance, general health and sense of well-being.”

Diet foods are also not deductible, even though they are often an integral part of a weight control program under a physician’s supervision. The IRS reasons that people have to pay for food whether or not they are trying to lose weight.

Fees, diet menus and literature and other costs would be deductible.

The IRS specifically cited obesity and high blood pressure as examples of diseases for which the deduction could be taken. But it would apply to any specific ailment diagnosed by a physician, including mental illness.

The ruling applies not only to current year tax returns, but goes all the way back to 1998. Taxpayers who want to take the deduction need only file an amended return for the tax year in question.

The IRS also recently included smoking cessation programs as deductible medical expenses, as are treatment and other costs for alcoholism.

For more details go to www.IRS.gov and search in the Forms and Publications section under “Obesity,” and consult your Tax Advisor.

Sample Letter



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

Referring Physician: Please copy this letter and complete the parenthesis fields with information specific to your patient, then fax the letter to the Wellborn Clinic.

(Date)

Dr. James Clay Wellborn, Jr.
#1 St. Vincent Circle, Suite 320
Little Rock, AR 72205

RE: (patient name)

Dear Dr. Wellborn:

(Patient's name and age) has been under my care for (___) years. (He/She) suffers from morbid obesity complicated by associated co-morbidities (obstructive sleep apnea, hypertension, NIDDM/IDDM, hyperlipidemia, hypercholesterolemia, degenerative arthritis, GERD, stress incontinence, cardiorespiratory insufficiency, Pickwickian Syndrome).

Due to weight, these conditions are becoming progressively less manageable or unmanageable through medicine alone. The patient has tried numerous times to lose weight on my recommendation without any success for the last (___) years. Methods include: (diets, exercise programs where appropriate, pharmacotherapy – please document dates and methods, especially recent [six-months to one-year] efforts. Please list on the back of this letter or on a separate form as this will help with insurance approval.)

It is my opinion that weight loss surgery is medically necessary as the only option to effectively treat (his/her) morbid obesity and its associated co-morbidities, which cannot be effectively managed without weight reduction.

Sincerely,

(Physician's name)

Medical Information Disclosure Notice

This notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

Uses and Disclosure

Our practice collects personal health information about you that may be used for three primary purposes:

Treatment

For example, we will prepare a record of information each time we see you in or out of the office while you are under our care. This medical record is used to keep track of changes in your condition as well as remind us of your past care, treatment, allergies and other facts relevant to your overall health. This information may be passed on to other providers as part of coordinated health care program for you.

Payment

We must report elements of your personal health information — such as specific treatments visits, tests and surgeries — along with related diagnosis to third-party payers so they may properly determine benefits payable on your behalf for our services. We only report the minimum necessary information to process the claim.

Health Care Operations

In order to provide you with high-quality health care, we often need to be able to use your personal health information for purposes such as pre-registering you at the hospital. Again, we are committed to using the minimum necessary information to achieve these purposes.

In addition, we will use or disclose your personal health information under the following circumstances:

- When we receive a valid authorization from you
- If you give us an oral authorization

Required Disclosures

We are required to disclose the information to you if you request it and we are required to disclose the information to the US DHHS for compliance determinations of this practice. We may disclose information about you without your authorization for the following reasons:

- When required by law, for judicial proceedings or law enforcement
- When required by law for public health agencies
- For workers compensation
- For uses and disclosures about decedents
- Uses and disclosures for cadaver tissue donation
- To avert a serious threat to public health or safety
- For disclosures about abuse or neglect or domestic violence

Patient Consent for Use & Disclosure of Protected Health Information

In signing this form, you consent to the use and disclosure of your protected health information by Dr. James C. Wellborn, Jr., our staff, and our business associates strictly for the purpose of treatment, payment and health care operations.

You acknowledge you have had an opportunity to review our **Notice of Privacy Practices** prior to signing this consent form. We encourage you to review our **Notice of Privacy Practices** carefully. It provides more detail on how we may use and disclose your information. The **Notice of Privacy Practices** is subject to change without notice. A current copy may be requested when you are being seen as a patient or by contacting our manager at 501-663-9600 ext. 106.

You may request that we restrict how we use and disclose your protected health information for the purposes mentioned above. If you would like to request a restriction, please do so in writing. However, we reserve the right to deny your request. If we grant your request, we are bound by the terms of the agreement.

You may also revoke this consent in writing. However, information on any treatment of service provided using this or prior consents may still be used or disclosed for purposes of treatment, payment or health care operations. Refer to the **Notice of Privacy Practices** for further information.

By signing this form, I grant consent to medical practice use and disclose my protected health information for the purposes of treatment, payment and health care operations.

Signature of Patient or Surrogate Decision Maker _____ Date _____

Relationship to Patient/Legal Authority (if applicable) _____

Signature of Physician _____ Date _____

Witness _____ Date _____

For Office Use Only

Failure to obtain consent:

Indirect Treatment Relationship
Emergency Treatment
Substantial Communication Barrier
Refusal to Sign
Other _____

Important Information

Office Address

#1 St. Vincent Circle, Suite 320
Little Rock, AR 72205

Driving Instructions

Take 630 and exit on University Avenue
Go North, take a right at St. Vincent Circle
This is about 1 block north of 630
Go up hill past the first building on the right (this is the Parkview building) and enter driveway immediately past the building. Parking in the rear. Enter building and take elevator to suite 320.

Wellborn Clinic Hours

Monday and Wednesday, 9 a.m. to 5 p.m.
Tuesday, 9 a.m. to 12 p.m.

Phone Numbers

Office: 501.663.9600
Fax: 501.663.0465

Please understand that our office phone call volume is very high. We try hard to return calls in a timely manner. However, on occasion, it can take up to 24 hours to return non-emergency calls. Please be patient and do not place more than one (1) phone call per 24 hours on our system. By working together we can manage the calls more efficiently and answer patients' questions more quickly. Feel free to e-mail us for appointments or for other questions or comments.

Office Staff

Suzan, ext. 106; suzan@arkansasobesitysurgery.com
For nursing, financial or business questions.

Tonya, ext.108; tonya@arkansasobesitysurgery.com
For status or weight loss surgery options.

Leslie, ext. 111; leslie@arkansasobesitysurgery.com
For prior approvals or insurance questions.

Jamie, ext. 110; jamie@arkansasobesitysurgery.com
For general questions or support group information.

Nicole, ext. 100; nicole@arkansasobesitysurgery.com
For appointments

Web Site

www.drclaywellborn.com or www.arkansasobesitysurgery.com

Emergency Information

If you have a medical emergency, do not hesitate to DIAL 911.

For after-hours emergencies, Dr. Wellborn can be reached by calling the Medical Exchange at (501) 663-8400.

If at all possible, please try to limit your calls to office hours. By doing so, we can handle true after-hour emergencies more efficiently.

Prescription Refills or Appointments

If you need a refill or appointment, please do not wait until the last minute. Please remember Dr. Wellborn is NOT in the Clinic Tuesday mornings or Thursdays and Fridays. If you know you are in need of a refill or an appointment please call (501) 663-9600 ext 106 and leave all pertinent information. We will schedule or call-in prescriptions and call you back as soon as possible. Please allow at least 24 hours for refills.

Gastric Bypass Consent Form



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

Dr. Wellborn has discussed with me the following possible complications of Roux-En-Y or Lap-Band Procedure:

Surgery Complications

1. Death.
2. Bleeding, this may require a transfusion of blood or blood products.
3. Surgical site infections, either superficial or deep to include port sites for laparoscopic access. These could lead to wound breakdowns and hernia formation.
4. Perforations (leaks) of the stomach or intestine causing peritonitis, subphrenic abscess or enteroenteric or enterocutaneous fistulas.
5. Sepsis.
6. Systemic Inflammatory Response Syndrome (SIRS).
7. Adult Respiratory Distress Syndrome (ARDS).
8. Myocardial infarction (heart attack).
9. Cardiac rhythm disturbances.
10. Congestive heart failure.
11. Atelectasis.
12. Pneumonia.
13. Pulmonary edema (fluid in the lungs).
14. Pleural effusions (fluid around the lungs).
15. Injury to adjacent structures, including the spleen, liver, diaphragm, pancreas and colon.
16. Possible removal of the spleen.
17. Stroke.
18. Kidney failure.
19. Pressure sores.
20. Deep vein thrombosis (blood clots in the legs or arms).
21. Pulmonary embolism (clots migrating to the heart and lungs).
22. Staple line disruption.
23. Ulcer formation (marginal ulcer or in the distal stomach).
24. Small bowel obstructions.
25. Internal hernias.
26. Incisional hernias. This includes port sites for laparoscopic access.
27. Dehiscence or evisceration.
28. Inadequate or excessive weight loss.
29. Kidney Stones.
30. Gout.
31. Encephalopathy.
32. Stoma Stenosis.
33. Urinary tract infections.

34. Esophageal, pouch or small bowel motility disorders.

Nutritional Complications

1. Protein malnutrition.
2. Vitamin deficiencies, including B-12, B-1, B-6, Folate and fat-soluble vitamins A, D, E and K.
3. Mineral deficiencies including calcium, magnesium, iron, zinc and copper and other trace minerals.
4. Anemia, neuro-psychiatric disorders and nerve damage as resulting from uncorrected nutritional deficiencies.

Psychiatric complications

1. Depression.
2. Bulimia.
3. Anorexia.
4. Dysfunctional social problem.

Other complications

1. Constipation.
2. Diarrhea.
3. Bloating.
4. Cramping.
5. Development of gallstones.
6. Intolerance of refined or simple sugars, dumping, nausea, sweating and weakness.
7. Low blood sugar, especially with improper eating habits.
8. Vomiting, the inability to eat certain foods, especially with improper eating habits or poor dentition.
9. Loose skin
10. Intertriginous dermatitis due to loose skin.
11. Malodorous gas, especially with improper food habits.
12. Hair loss (alopecia).
13. Anemia.
14. Bone disease.
15. Stretching of the pouch or the stoma.
16. Low blood pressure.
17. Cold intolerance.
18. Fatty liver disease or non-alcoholic liver disease (NALF).
19. Progression of existing or preexisting NALF or cirrhosis.
20. Diminished alcohol tolerance

*Vitamin deficiencies may already exist before surgery.

* Smoking may contribute to adverse outcomes.

Pregnancy Precautions

1. Pregnancy should be deferred for 12-18 months after surgery, or until after the weight loss is stabilized.
2. Vitamin supplementation during the pregnancy should be continued.
3. Extra folic acid should be taken if the pregnancy is planned.
4. Obese mothers could have a child with a higher incidence of neural tube defects and congenital heart defects.
5. Pregnancy should be discussed with the obstetrician.
6. Special nutritional needs may be indicated or necessary.
7. Secure forms of birth control should be used in the first year after surgery.
8. Fertility improves with weight loss.

The risks of this surgery, including leak at the gastro-jejunostomy as well as breakdown of staple line have been discussed with me. The risk of DVT, PE, Respiratory Failure, MSOF, Sepsis Syndrome, ARDS, and even possible death were discussed with me.

I have read the material, which gives a complete description of the risks of obesity surgery. I have had a chance ask questions; all questions have been answered and I clearly wish to proceed.

I understand that gastric volume will be limited, and over-eating will lead to vomiting. I also understand that this type of surgery may lead to dumping syndrome or diarrhea if too many high carbohydrate foods are eaten.

I understand that many patients experience frequent bowel movements following surgery and that there will be a need for lifelong vitamin supplementation, and increased intake of protein. I understand that additional risks include but are not limited to hernia, nutrient deficiencies of Iron, Calcium and Vitamin B-12.

I understand that Bariatric surgery is a tool for management of morbid obesity and not a cure. I understand that 10 to 15 percent of patients will regain some or all of their weight-loss. I understand that optimal results will depend on my lifestyle changes including strict adherence to the post gastric bypass or Lap Band diet, which have been discussed at length in the office.

I understand that this surgery will require frequent as well as long-term follow-up as well as lab evaluation to prevent long-term problems such as anemia, metabolic bone disease and neuropathy. I understand that lifetime changes in diet and exercise will be necessary for optimal results, and that active participation in follow-up will contribute to the success and safety of this procedure.

I have had dietary consultation with the Dietician and have been provided with written material concerning the post-op diet. I understand the diet, which includes carbohydrate intolerance/avoidance, avoidance of high caloric density fluids and soft foods, refraining from drinking for at least 60 minutes after meals, consuming protein and regular meals, and lifelong use of vitamins and/or supplements in the case of Gastric Bypass.

I understand the importance of support groups, counseling, a regular exercise program, and keeping follow-up appointments with appropriate periodic lab testing for maximum safety and optimal outcome. I must have six-month post-op labs and yearly labs. Follow-up exams and lab were discussed and the importance of lifelong yearly (at least) was emphasized.

I understand that I will require lab work annually or more often as prescribed by a physician. I understand that I must make yearly appointments even if I am not having problems, and if at anytime I become ill and have to be admitted to a hospital, I must notify the Wellborn Clinic.

I have reviewed all the information provided to me by my surgeon, James Clay Wellborn, Jr., M.D. We have reviewed the potential risks, complications and benefits from weight loss surgery. He has discussed the alternatives, including non-surgical options.

Dr. Wellborn has described to me the procedure of Roux-En-Y Gastric Bypass and reviewed with me the importance of proper nutrition, eating a balanced diet, and taking vitamin and mineral supplements for a lifetime.

I understand that there are no guarantees for weight loss and long-term weight management, and that lifetime follow-up is required.

Patient Signature _____ Date _____

Patient Printed Name _____

Physician _____ Witness _____

Insurance Information

Insurance is strange regarding coverage of weight reduction surgeries. In general things to look for in your policy are exclusions and benefit limitations for weight loss surgery. **Some plans— particularly HMO's, like Health Advantage and QualChoice—exclude obesity surgeries even in patients with life-threatening disorders, and they make NO exceptions.** Usually in these cases— even with help from an attorney—it is nearly impossible to deal with policies that have exclusions regarding the treatment of obesity, even if it is a clear-cut case of medical necessity.

Medicare does cover weight reduction surgeries (Roux-En-Y) if they are medically necessary, as do many commercial insurance companies. However, at the present time, the Lap-Band procedure is not a covered benefit. The most important aspect of the prior authorization process is to know and understand your individual insurance policy. You must check to ensure there are no exclusions, and to determine the criteria for medical necessity. In general, our office can assist you with the determination of medical necessity as well as file the documentation required for prior authorization and pre-certification. Please understand that insurance companies require both in some situations and that these two things are NOT the same.

Please realize that the process to get your surgery approved (any insurance) takes time. Do not expect your surgery to be scheduled within the month you were seen in consultation. The Wellborn Clinic normally schedules four to six weeks out. If there are cancellations in the schedule, we will call those patients who have already received their prior approval to let them know of the available earlier option. We will not begin the prior authorization process until all information needed is in our office, and / or we have seen you in consultation.

Please understand that this is a time-consuming process. If we work together we can make a smooth transition toward our goal. If you must check on your approval process, please call your insurance company before calling us. We will call you when we have a determination in our office. Please try to limit phone calls (for scheduling information or approvals) to once a week. E-mail us at any time and we will get back to you as quickly as possible.

Thank you so much for working with us.

The Wellborn Clinic

leslie@arkansasobesitysurgery.com

Insurance Questionnaire

Important! Please use this form when calling your insurance company. Ask ALL questions and fill in all spaces as you talk with your insurance care specialist. Return this form to us with your patient information and obesity data. This way we all know what you need in order to get your surgery considered for coverage.

Name _____

Insurance Company _____

Insurance Company Phone Number I Called _____

Name of the Customer Service Representative _____

Call Back Number for Customer Service Representative _____

Questions I Need to Ask:

1. Is there an exclusion for morbid obesity in my insurance policy? _____

2. Is morbid obesity (dx code: 278.01) a covered benefit in my policy? _____

3. What is my benefit level for the treatment of morbid obesity up to and including surgery. (Is it 80/20? 60/40?)

4. Is CPT CODE 43659 or 43843 or S2082 for Gastric Restrictive surgery a covered benefit? _____

5. Is CPT CODE 43846 for Gastric Bypass Roux-En-Y surgery a covered benefit? _____

6. Is Dr. James Clay Wellborn Jr. a covered specialist in your insurance network? _____

7. What hospital do I need to go to for surgery? _____

8. What criteria must be met for approval? _____

9. Do I need a psychiatric evaluation? _____

10. Do I need a dietary consultation prior to final approval? _____

11. Do I need chart notes of supervised dietary attempts and a letter from the physician who followed me?
(How many, how recent and how long must the attempts be?)

12. Is there any other information I haven't mentioned that the insurance company is going to need? _____

13. What is the fax number to where the medical documentation is to be sent for prior authorization? _____

14. Do I have out of network Benefits? _____ If so, what is my benefit level _____

Patient Profile

Please print all information and provide as much detail as possible. We do not accept any incomplete forms.

Personal Information

Last Name _____ Date _____

First Name _____ Middle Initial _____

Date of Birth _____ Social Security # _____

Occupation _____

Employer _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Business Phone _____ E-mail _____

Contact Persons

Spouse _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Business Phone _____ E-mail _____

Next of Kin _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Business Phone _____ E-mail _____

Additional Contact _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Business Phone _____ E-mail _____

Pharmacy _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Referral Information

Primary Care Physician _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Fax Number _____

E-mail _____

Other Reference _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

Insurance Information

Primary Insurance Company _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Subscriber's Name _____

Date of Birth _____

Policy I.D. # _____

Group I.D. # _____

Secondary Insurance Company _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Subscriber's Name _____

Date of Birth _____

Policy I.D. # _____

Group I.D. # _____

Tertiary Insurance Company _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Subscriber's Name _____

Date of Birth _____

Policy I.D. # _____

Group I.D. # _____

Social Profile

Do you smoke or use tobacco?

- Yes
- No

If yes, how much do you smoke?

- ½ pack/day
- 1 pack/day
- 2 packs/day

Do you drink alcohol?

- Yes
- No

If yes, how much do you drink?

- Daily
- Socially
- Occasionally

Do you have any pets?

- Yes
- No

Family Structure:

- Married
- Divorced
- Single
- Partner/Relationship

Occupation _____

Children and Their Ages

_____	_____
_____	_____
_____	_____

Support Persons / Friends

_____	_____
_____	_____
_____	_____

I hereby assign insurance benefits to Dr. J. Clay Wellborn. I understand that I am financially responsible for any charges that are NOT covered by insurance. Should the account become delinquent, I understand that I am responsible for all finance charges, legal fees, court costs and collection agency fees charged as a result of any collection activity. I hereby authorize Dr. Wellborn to release my medical records or other information needed for my medical information.

Signed _____ Date _____

Co-Pay must be paid at time of service.

History and Physical



J. CLAY WELLBORN, JR., M.D.
BARIATRIC & GENERAL SURGERY

Please complete the form with as much detail as possible. We will return incomplete forms.

Name _____ Date _____

Height _____ Weight _____

Weight History

Please fill in the blanks and check the appropriate boxes below.

Weight at High School graduation _____

I have been 100 lbs. overweight since _____

Weight before pregnancy _____

I have been 50 lbs. overweight since _____

Weight after pregnancy _____

Weight at age 35 _____

Weight at age 45 _____

I have been considered overweight since:

- Childhood
- Puberty
- Pregnancy
- Age 30 or after

Pattern of weight gain:

- I gained weight slowly.
- I gained weight rapidly and was unable to lose it.
- I have tried to lose weight many times but regain it.

Majority of weight gain began:

- As a teen
- In early 30s
- In early 40s

Check the statement that best describes your eating patterns:

- Volume Eater**
I consume larger amounts of food, especially foods I enjoy. I enjoy sweets as well but only snack or stress-eat occasionally.
- Sweets-Eater**
I prefer foods high in sugar (i.e. candy, cookies, etc.) I will eat less of normal food to save room for sweets. I drink non-diet beverages or sweetened liquids as well. I eat snack and stress-foods predominantly high in sugar.
- Snacker**
I don't eat regular meals. I frequently eat fast food and select foods high in calories (high fat and high-carb). I eat between meals and I am not generally hungry at meals. I am seen to be constantly "grasping" for food.

Weight Loss History

Fill in the blanks below. The Wellborn Clinic will not accept incomplete forms.

Years	Physician	Program/Diet	Duration	Weight Loss	Regain Time
Year 1 (This Past Year)					
Year 2					
Year 3					
Year 4					
Year 5					

Co-Morbidities

Check the appropriate responses for any co-morbidities you have:

Diabetes:

- Borderline or chemical
- Controlled with oral medication
- Poorly controlled
- Gestational

Hypertension:

- Borderline
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

Hypercholesterolemia:

- Borderline, but not on medication
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

Hyperlipidemia:

- Borderline, but not on medication
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

Esophageal Reflux (GERD):

- Borderline, occasionally if I overeat
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

Asthma:

- Borderline as a child, but not since
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

Congestive Heart Failure:

- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

Arthritis:

- Painful and/or swollen joints
 - Ankles
 - Knees
 - Hips
 - Back
 - Neck
 - Feet
 - Shoulders
- Rheumatoid
- Post-Traumatic
- Degenerative (osteoarthritis)

Degenerative Arthritis:

- Progressively worsening
- Taking medications
- Previous surgery
- Need surgery, but must lose weight first

Obstructive Sleep Apnea:

- On CPAP/BiPAP

Poly-Cystic Ovarian Syndrome:

- Infertility
- Irregular Periods

Stress Incontinence:

- Yes
- No

Heart Disease related to weight:

- Yes
- No

I have or have been observed to:

- Snore
- Awaken easily
- Have vivid dreams
- Have a hard time staying up past 8 p.m
- Fall asleep in mid-afternoon
- Wake up feeling unrested
- Breath funny, or stop breathing while asleep

Weight Control Medication

Please check the drug or drugs you have taken for weight control, and fill in the necessary information in the spaces provided.

Medication	Physician	Year	Weight loss amount
Phen-Phen			

Reason Discontinued:

- Anxiety
- Rapid heart rate
- High blood pressure
- Fear of valvular heart disease or pulmonary hypertension
- Lack of results
- Diarrhea
- Mood changes

Medication	Physician	Year	Weight loss amount
Xenical			

Reason Discontinued:

- Anxiety
- Rapid heart rate
- High blood pressure
- Fear of valvular heart disease or pulmonary hypertension
- Lack of results
- Diarrhea
- Mood changes

Medication	Physician	Year	Weight loss amount
Phentaramine (adipex)			

Reason Discontinued:

- Anxiety
- Rapid heart rate
- High blood pressure
- Fear of valvular heart disease or pulmonary hypertension
- Lack of results
- Diarrhea
- Mood changes

Medication	Physician	Year	Weight loss amount
Pondimin			

Reason Discontinued:

- Anxiety
- Rapid heart rate
- High blood pressure
- Fear of valvular heart disease or pulmonary hypertension
- Lack of results
- Diarrhea
- Mood changes

Medication	Physician	Year	Weight loss amount
Meridia			

Reason Discontinued:

- Anxiety
- Rapid heart rate
- High blood pressure
- Fear of valvular heart disease or pulmonary hypertension
- Lack of results
- Diarrhea
- Mood changes

Medication	Physician	Year	Weight loss amount
Redux			

Reason Discontinued:

- Anxiety
- Rapid heart rate
- High blood pressure
- Fear of valvular heart disease or pulmonary hypertension
- Lack of results
- Diarrhea
- Mood changes

Other Weight Loss Methods

Fill in the spaces with the information for each weight loss method you have tried.

Diet	Year	Weight Loss Amount
Atkins		
Mayo Clinic		
Nutrisystems		
Optifast		
Medifast		
Med. Center Diet		
Low-Carb		
Over The Counter Diet Pills		
Low-Fat		
Hypnosis		
Weight Watchers		
Overeaters Anonymous		
Other		
Other		

Exercise

Check the boxes below that reflect the amount of exercise you do for each activity.

I walk:

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

I do aerobics:

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

I bicycle:

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

I lift weights:

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

I swim:

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

I engage in _____:

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

Medical History

Please check all medical conditions you have or have had throughout your lifetime.

Angina:

- Stable
- On medication

Hypertension:

- Borderline
- On medication

- Anemia
- Congestive Heart Failure
- COPD

Arthritis:

- Back
- Hips
- Knees
- Ankles
- Feet
- Shoulders

Obstructive Sleep Apnea:

- CPAP
- BiPAP

High Cholesterol:

- On medication
- Yes, but not on medication

- High Lipids
- Heart Attack
- Stress Incontinence

Diabetes:

- Borderline
- Diet controlled
- On medication
- Insulin
- Well-controlled
- Poorly controlled

- Gastroesophagealreflux
- Fatty Liver

Hepatitis:

- A
- B
- C
- Cirrhosis

- Deep Venous Thrombosis (blood clot in legs)

Asthma:

- On medications
- Inhalers
- Steroids

- Venous Insufficiency
- Rapid/Irregular Heart Rate
- Mitral Valve Prolapse

Thyroid Problems:

- High
- Low

Gynecologic Problems:

- Infertility
- Irregular periods
- Heavy period

- Pulmonary Embolus (blood clots in lungs)

- Kidney Disease

Anesthetic Problems:

- Vomiting
- Nausea
- Slow to wake
- Difficulty breathing

- Bleeding problems:

Details _____

- Post-surgery infection:

Details _____

- Blood Clots (phlebitis):

Year _____

- Blood Clots to Lungs (Pulmonary Embolus)

Year _____

- Other _____

Surgeries

Check and list all surgical procedures you have had in your lifetime.

- | | |
|---|---|
| <input type="checkbox"/> Tubal Ligation | <input type="checkbox"/> Colon Surgery |
| <input type="checkbox"/> Tonsillectomy | <input type="checkbox"/> Neck Surgery |
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Partial Hysterectomy | <input type="checkbox"/> Cholecystectomy |
| <input type="checkbox"/> Back Surgery | <input type="checkbox"/> Caesarean Surgery |
| <input type="checkbox"/> Heart Bypass | <input type="checkbox"/> Total Hysterectomy |
| <input type="checkbox"/> Arthroscopy | <input type="checkbox"/> Laparoscopic Cholecystectomy |

Other procedures _____

Allergies

Check all medication, food and other allergies you have.

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Demerol |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Hydrocodone |
| <input type="checkbox"/> Keflex | <input type="checkbox"/> Tape |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Tetracycline | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Erthromycin | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Darvocette | <input type="checkbox"/> X-Ray dye |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Betadine |
| <input type="checkbox"/> Morphine | |

Other allergies _____

Review of Systems

Check all conditions you may have.

Constitutional:

- Fever
- Chills
- Night Sweats
- Loss of appetite
- Weight loss (recent or 6 months)
- Weight gain (recent or 6 months)

Ears:

- Hearing loss
- Dizziness
- Ringing in ears

Eyes:

- Recent visual changes
- Nearsighted
- Double vision
- Cataracts
- Glaucoma

Nose:

- Frequent nose bleeds
- Sinus problems
- Runny nose

Mouth:

- Sore tongue
- Bleeding gums
- Dental problems
- Toothache

Throat:

- Hoarseness
- Difficulty swallowing
- Goiter
- Swollen glands
- Frequent sore throats
- Morning cough

Breasts:

- Masses
- Tenderness
- Discharge from nipple
- Fibrocystic disease of breast

Cardiovascular:

- Angina
- History of heart attack
- Rapid heart rate
- Chest pain
- Palpitations (fluttering in chest)
- Bad heart valve
- History of myocardial infarction
- Short of breath with exertion
- Sleeps on pillows; number
- Leg swelling
- Shortness of breath or after minimal exertion
- Echocardiogram
- Stress test
- Heart cath
- Get up at night to urinate; number of times
- Pain in calf when walking

Respiratory:

- COPD
- Asthma
- Bronchitis
- Persistent cough:
 - At night
 - Morning
 - Productive cough
 - White mucous
 - Green mucous
 - Yellow mucous
- Cough up blood
- Wheezing
- Pulmonary embolus
- Emphysema
- TB

Gastrointestinal:

- Nausea
- Solid foods sticks in throat
- Diarrhea
- Constipation change in bowel habits
- Diverticulitis
- Esophageal spasms
- Esophageal reflux
- Liquid comes up when bending over
- Hemorrhoids
- Black, tarry stools
- Bright red blood per rectum
- Throwing up blood
- Jaundice
- Hepatitis:
 - A
 - B
 - C
- Ulcers
- Polyps
- Inflammatory bowel disease
- Esophageal motility disorder
- Vomiting
- Wake up choking
- Difficulty swallowing liquids
- Fatty food intolerance
- Irritable bowel or spastic colon
- Pain or bloating in upper abdomen after meals

Musculoskeletal:

- Low back pain
- Sciatica
- Joint pain
 - Foot pain
 - Knee
 - Hip
 - Ankle
 - Shoulder
 - Hand
- Joints swelling
- Neck pain
- Radiation of pain from neck to arms or hands
- Radiation of pain from back to legs or feet
- Arthroscopic surgery
- Carpel tunnel
- Rheumatoid arthritis
- Degenerative arthritis
- Trauma (broken bones)

Genitourinary:

- Frequency
- Hard to start
- Get up to urinate at night
 - 0-1 times
 - 1-3 times
 - 3+ times
- Pain when urinating
- Frequent urinary tract infections
- Lose urine when cough, laugh, or strain
- Kidney failure
- Blood in urine
- Kidney stones
- Prostate problems

Gynecological:

- Heavy periods
- Irregular periods
- Abnormal pap smear
- Pelvic infections
- Discharge
- Fibroids
- Painful periods
- Ovarian cysts
- Infertility
- Endometriosis

Skin:

- Rash
- Hair loss
- Psoriasis
- Skin cancer

Endocrine:

- Hypothyroidism
- Cold intolerance
- Hyperactive thyroid (hyperthyroid)
- Heat intolerance
- Quadriceps (thigh) weakness
- Weight loss
- Diabetes:
 - Borderline
 - Gestational
 - Not on insulin
 - On insulin
- Frequent urination
- Increased appetite
- Excessive thirst
- Weight gain
- Goiter

Neurological:

- Seizures
- Migraine
- Light stroke (TIA)
- Tremor
- Weakness
- Fainting
- Memory loss
- Stumbling
- Parkinson's
- Paralysis
- Nerve damage

Lymphatical:

- Swollen glands
- Cat scratch

Hematological:

- Anemia
- Low B12
- Low iron
- Easy bleeding
- Easy bruising
- History of bleeding during surgery
- History of bleeding after minor trauma
- Bleeding disorder; type
- Family history of bleeding disorder
- Blood clots in legs blood clots to lungs

Psychological:

- Depression
- Suicide attempts
- Schizophrenic
- Hospitalization for mental illness
- Alcoholism
- Drug addiction
- Please give details of the above on back.