New Patient Orientation Form

Name: _____ **Date of Birth:** _____

Date: _____

1. Do you see any of the following doctors?
   i. Pulmonologist (Lung Specialist) Yes_____ No_____
   ii. Nephrologist (Kidney Specialist) Yes_____ No_____
   iii. Oncologist (Cancer Specialist) Yes_____ No_____
   iv. Hematologist (Blood Specialist) Yes_____ No_____

**** If you answered yes, then you will need to get a clearance from each of these specialists. Extra medical clearance forms are available.**

2. Do you see a Cardiologist? Yes_____ No_____

3. Prescribing Physician for Medication _____ For what reason?_____

ANTICOAGULANT	CONTINUE	HOLD ___ DAYS PRE-OP		ANTICOAGULANT	CONTINUE	HOLD ___ DAYS PRE OP
Aspirin				Fondaparinux (Arixtra)		
Ticagrelor (Brilinta)				Warfarin (Coumadin)		
Prasugrel (Effient)				Apixaban (Eliquis)		
Clopidogrel (Plavix)				Dabigatran (Pradaxa)		
Cilostazol (Pletal)				Edoxaban (Savaysa)		
Ticlopidine (Ticlid)				Rivaroxaban (Xarelto)		
Other:				Other:		

***Antiplatelets and anticoagulants should be resumed as soon as clinically possible after surgery**

__ Bridging instructions, if needed: _____

By signing below, the cardiologist **or** other prescribing provider acknowledges communication of his/her recommendations to the surgeon prior to the scheduled surgery.

4. What is your preferred timeframe for scheduling your bariatric surgery?

5. Notes (Any other additional specialists or information)