



Gastric Bypass Follow-up Questionnaire

*Please mail or fax this form to us on the anniversary date each month after your surgery.
This information will allow us to track your progress and make adjustments if necessary.
This does not substitute for your regularly scheduled appointments.*

Name: _____ Date: _____

Date of Surgery: _____ Surgeon (circle) Colquitt Ray

Current Weight: _____

Foods Tolerated: _____

Foods that Cause Trouble: _____

Daily Water Intake: _____

Exercise Activity and Frequency: _____

Are you taking your vitamins/iron/calcium/B-12: _____

Any Special Concerns: _____

Are you glad you had this operation?: _____

Would you recommend this operation to others?: _____

Signed: _____

Please fax this form to 865-212-5597 or mail to:

Premier Surgical Associates
2012 Chilhowee Professional Park
Maryville, TN 37804