



## MERCY CARE

### Bariatric Surgery Monthly Summary Worksheet

Cover page and instructions:

- This form must be completed at each monthly appointment. Nutrition and exercise program(s) must be for a cumulative total of six months (180 days) or longer in duration and occur within two years prior to surgery (one year for Mercy Care).
- Progress Summary: Please describe the patient's progress with prescribed diet (including weight gain/loss), exercise and behavior modifications goals. Also, please note changes in Weight/BMI compared to last month.
- The monthly progress summary must be completed and signed by the ordering physician.
- Please fax back the completed "Mercy Care Bariatric Surgery Monthly Summary Worksheet" to the Mercy Care Prior Authorization Request: 1-800-217-9345.

# MERCY CARE

## Bariatric Surgery Monthly Summary Worksheet

Name:

Date of birth:

BMI:

Weight:

Date:

Member ID:

Height:

### NUTRITION PROGRAM COMPLETED:

1. Low caloric diet Nutritionist supervised:      Yes      No  
800-1000 total calories/day:      (Days of the month)  
1000-1200 total calories/day:      (Days of the month)  
1200-1400 total calories/day:      (Days of the month)  
1400-1600 total calories/day:      (Days of the month)  
>1600 total calories/day:      (Days of the month). Please explain:

2. Non-professional programs (e. g. Weight Watchers, Inc):      Yes      No  
If yes, how many visits completed this month:      Name of program:

3. Food choices:

Fresh fish      Fruits  
Legumes      Low fat dairy products  
Leafy vegetables      Nuts and grains  
None of the above. Please explain:

### EXERCISE PROGRAM COMPLETED:

Physician supervised:      Yes      No

Exercise goal: Minimum of 175 minutes/week as tolerated.

Cardio exercises (recommended for five days/week)

Brisk walking      Tennis  
Biking      Golf  
Swimming      Elliptical machine  
Group fitness class      Total minutes this month

Weight Training (Recommended for two days/week: Resistance with or without weights)

10 minutes/day      Total minutes this month  
20 minutes/day  
None of the above. Please explain:

### PHARMACOLOGIC INTERVENTION

List medication/s used for weight loss this month:

**BEHAVIOR/LIFE STYLE MODIFICATION** (e.g. Physician counseling plus meal replacement/portion control):

### THIS MONTH'S OVERALL PROGRESS SUMMARY

Provider Signature \_\_\_\_\_ Date: