



OhioHealth Weight Management

SURGICAL PATIENT GUIDE

*Our comprehensive, individualized approach sets us apart.
Learn more at OhioHealth.com/WeightManagement.*



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Why OhioHealth Weight Management is right for you

OhioHealth Surgical Weight Management can help you transform your health and life through safe, minimally invasive surgical approaches to sustainable weight loss.

Our program is unique because our support extends beyond your procedure. Your care team will compassionately guide you at every step of your journey, leading up to your surgery and afterward as we help you navigate the physical, emotional and social effects of weight loss.

Our strengths:

- + A holistic approach to care.
- + A commitment to excellence and personalized care.
- + Experienced surgeons.
- + Short hospital stays – patients typically return home within three days.
- + Superior quality – surgeries are performed at OhioHealth Riverside Methodist Hospital, one of the nation's best hospitals.
- + Support, guidance and therapy to increase your activity level.

Our surgical program

Weight loss is more than an operation, and so is our program. You will be provided with:

- + Free seminars.
- + A thorough medical review.
- + A presurgical evaluation.
- + Presurgical preparation.
- + Minimally invasive surgery.
- + Excellent care from the Riverside Methodist Magnet nursing team.
- + Extensive, specialized nutritional counseling before and after surgery.
- + Postsurgical follow-up visits.
- + Emotional and social support.
- + Exercise guidance to increase your activity level and manage your weight long-term.

Meet our surgeons

OhioHealth Physician Group *Bariatric Surgery and General Surgery*

Our fellowship-trained bariatric surgery physicians specialize in minimally invasive weight loss surgeries, including laparoscopic Roux-en-Y gastric bypass surgery and sleeve gastrectomy surgery. We take a holistic approach to weight loss, providing both the physical and emotional support you need to succeed. Surgical care is provided at OhioHealth Riverside Methodist Hospital.



**Thomas E. Sonnanstine, MD,
FACS, FASMBS**
Medical Director



**Nirav R. Rana, MD,
FACS, FASMBS**



T. Calloway Robertson, MD

Education and Training

Board Certification: General Surgery

Medical School: Northeast Ohio Medical University

Residency: OhioHealth Riverside Methodist Hospital

Fellowship: Minimally invasive and bariatric surgery, Tufts Medical Center, Boston

Education and Training

Board Certification: General Surgery

Medical School: Northeast Ohio Medical University

Residency: St. Vincent's Catholic Medical School, New York

Fellowship: Minimally invasive and bariatric surgery, Cedars-Sinai Medical Center, Los Angeles

Education and Training

Board Certification: General Surgery

Medical School: Loyola University Chicago, Stritch School of Medicine

Residency: OhioHealth Riverside Methodist Hospital

Fellowship: Minimally invasive and bariatric surgery, Carolinas Medical Center, Charlotte, North Carolina

What is obesity?

Medically significant obesity is defined as obesity that either is causing disease or is highly likely to cause disease. Morbid obesity is often defined as being greater than 100 pounds overweight. More specifically, it is having a **body mass index (BMI)** of greater than or equal to 40.

BMI is calculated as weight in kilograms divided by height in meters squared. Patients with a BMI between 35 and 40 are considered to have severe obesity and meet criteria for these operations if they are developing obesity-related medical problems, such as diabetes, high blood pressure and obstructive sleep apnea.

World health organization weight definitions

- + Ideal weight: 20–24.9 BMI
- + Overweight: 25–29.9 BMI
- + Moderate obesity: 30–34.9 BMI
- + Severe obesity: 35–39.9 BMI
- + Morbid obesity: 40–49.9 BMI
- + Super morbid obesity: BMI greater than 50

The weight of Americans is increasing at an alarming rate.

- + One out of four Americans is considered obese.
- + Obesity is the second leading cause of preventable death, second only to tobacco use.
- + Obesity is related to approximately 300,000 deaths per year in the United States.
- + People with morbid obesity die eight to fifteen years earlier than non-obese people.

Common health conditions related to obesity

- + Diabetes
- + Depression
- + Hypertension
- + Joint and back pain
- + Sleep apnea
- + Hyperlipidemia (high cholesterol)
- + Cardiac disease
- + Gastroesophageal Reflux Disease (GERD)
- + Respiratory disease
- + Colon, prostate, breast, uterine and ovarian cancer
- + Arthritis
- + Stress incontinence
- + Gallbladder disease
- + Infertility
- + Menstrual irregularities

Body mass index calculator

Ht/INCHES	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
140	27	26	25	25	24	23	22	22	21	21	20											
150	29	28	27	26	26	25	24	23	23	22	21	21	20	20								
160	31	30	29	28	27	26	26	25	24	23	23	22	22	21	20	20						
170	33	32	31	30	29	28	27	26	26	25	24	24	23	22	22	21	21	20				
180	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	22	22	21	21	20	20	
190	37	36	34	33	32	31	30	29	29	28	27	26	26	25	24	24	23	22	22	21	21	
200	39	38	36	35	34	33	32	31	30	29	28	28	27	26	25	25	24	23	23	22	22	
210	41	39	38	37	36	35	34	33	32	31	30	29	28	27	27	26	25	25	24	23	23	
220	43	41	40	39	38	36	35	34	33	32	31	30	30	29	28	27	27	26	25	25	24	
230	45	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	
240	47	45	44	42	41	40	38	37	36	35	34	33	32	31	31	30	29	28	27	27	26	
250	48	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31	30	29	29	28	27	
260	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	31	30	29	28	
270	52	51	49	47	46	45	43	42	41	40	38	37	36	35	34	33	33	32	31	30	29	
280	54	53	51	49	48	46	45	43	42	41	40	39	38	37	36	35	34	33	32	31	31	
290	56	54	53	51	49	48	46	45	44	43	41	40	39	38	37	36	35	34	33	32	32	
300	58	56	54	53	51	49	48	47	45	44	43	42	40	39	38	37	36	35	34	33	33	
310	60	58	56	54	53	51	50	48	47	45	44	43	42	41	40	38	37	36	35	35	34	
320	62	60	58	56	55	53	51	50	48	47	46	44	43	42	41	40	39	38	37	36	35	
330	64	62	60	58	56	54	53	51	50	48	47	46	44	43	42	41	40	39	38	37	36	
340	66	64	62	60	58	56	54	53	51	50	48	47	46	44	43	42	41	40	39	38	37	
350	68	66	64	62	60	58	56	54	53	51	50	48	47	46	45	43	42	41	40	39	38	
360	70	68	65	63	61	59	58	56	54	53	51	50	49	47	46	45	43	42	41	40	39	
370	72	69	67	65	63	61	59	57	56	54	53	51	50	48	47	46	45	43	42	41	40	
380	74	71	69	67	65	63	61	59	57	56	54	53	51	50	48	47	46	45	44	42	41	
390	76	73	71	69	66	64	62	61	59	57	56	54	53	51	50	48	47	46	45	44	42	
400	78	75	73	70	68	66	64	62	60	59	57	55	54	52	51	50	48	47	46	45	44	
410	80	77	74	72	70	68	66	64	62	60	58	57	55	54	52	51	49	48	47	46	45	
420	81	79	76	74	72	69	67	65	63	62	60	58	57	55	54	52	51	49	48	47	46	
430	83	81	78	76	73	71	69	67	65	63	61	60	58	56	55	53	52	51	49	48	47	
440	85	83	80	77	75	73	70	68	66	64	63	61	59	58	56	55	53	52	50	49	48	
450		84	82	79	77	74	72	70	68	66	64	62	61	59	57	56	54	53	52	50	49	
460			83	81	78	76	74	71	69	67	66	64	62	60	59	57	55	54	53	51	50	
470				85	83	80	77	75	73	71	69	67	65	63	61	60	58	57	55	54	52	51
480					84	82	79	77	74	72	70	68	66	65	63	61	60	58	56	55	54	52
490						84	81	78	76	74	72	70	68	66	64	62	61	59	58	56	55	53
500							85	82	80	78	76	73	71	69	67	65	64	62	60	59	57	56

 Does not meet criteria
 Meets criteria if high blood pressure, diabetes or obstructive sleep apnea are present
 Meets criteria

Nonsurgical options for severe obesity

There are many nonsurgical approaches to weight loss. They include programs that are not medically supervised, like Weight Watchers®, Jenny Craig® or self-help resources such as those found through the Centers for Disease Control or WebMD. Some primary care physicians may also provide medical treatments or refer patients to a medical weight loss program.

The American Society of Metabolic and Bariatric Surgeons concluded that bariatric surgery provided as part of a multidisciplinary team is “the most effective therapy available for morbid obesity and can result in improvement or complete resolution of obesity comorbidities.”¹ Multiple randomized-controlled trials have shown greater weight loss among patients who have undergone bariatric surgery compared to those receiving conventional medical therapy.^{2,3,4}

If you are not sure surgery is right for you

OhioHealth Weight Management offers an excellent, medically supervised, nonsurgical weight-loss program. Our multidisciplinary approach addresses the complex nature of obesity by including dietary changes as well as exercise and behavior modification.

Our medically supervised program is designed for individuals who desire a nonsurgical option for significant weight loss or are not eligible for bariatric surgery. It includes one-on-one time with our weight-loss experts – physicians, dietitians, exercise physiologists and behavioral counselors – along with weekly group classes. We ensure a safe weight-loss experience and provide the support and information needed to achieve lifelong success.

1 American Society Of Metabolic And Bariatric Surgeons (2004). Consensus Statement. Available At: <http://Asmbs.org/2012/06/Consensus-Statement/>. Accessed Jan 22, 2013.
2 Mingrone G, Panunzi S, De Gaetano A, Et Al. Bariatric Surgery Versus Conventional Medical Therapy For Type 2 Diabetes. New Engl J Med 2012 Apr 26;366(17):1577-85.
3 Colquhitt JI, Picot J, Loveman E, Clegg AJ. Surgery For Obesity. Cochrane Database Syst Rev 2009 Apr 15; (2):Cd003641.
4 Maggard Ma, Shugarman Lr, Suttrop M. Meta-Analysis: Surgical Treatment Of Obesity. Ann Intern Med 2005 Apr 5;142(7):547-59.



Surgical options for severe obesity

Thanks to advances in minimally invasive laparoscopic techniques, more and more people are selecting bariatric surgery to improve their health and begin a new life.

Why bariatric surgery?

Only 5 percent of people who reach the level of weight that meets the criteria for bariatric surgery achieve a significant amount of sustainable weight loss through diet, exercise or medications.

Bariatric surgery can help transform your health and life

Studies show that bariatric surgery resolves all obesity-related health problems, such as diabetes and sleep apnea, in about 80 percent of patients. Bariatric surgery can be truly life changing and you will experience several benefits:

- + Enjoy greater overall health.
- + Minimize depression.
- + Slow down premature aging.
- + Resolve or improve your blood pressure and diabetes problems.
- + Resolve acid reflux and urinary incontinence.
- + Reduce painful stress on your weight-bearing joints.
- + Lower your risks for heart disease and cancer.
- + Decrease menstrual irregularities or pregnancy complications.
- + Improve job performance.
- + Breathe better and sleep better.
- + Gain confidence.
- + Increase your activity level and begin to enjoy normal activities again.

You can achieve sustainable weight loss and become healthier

Many studies have shown that patients who undergo gastric bypass surgery lose 70 percent of their excess weight within 12 months. Similar results can be obtained with a gastric sleeve.

OhioHealth Surgical Weight Management provides two surgical options:

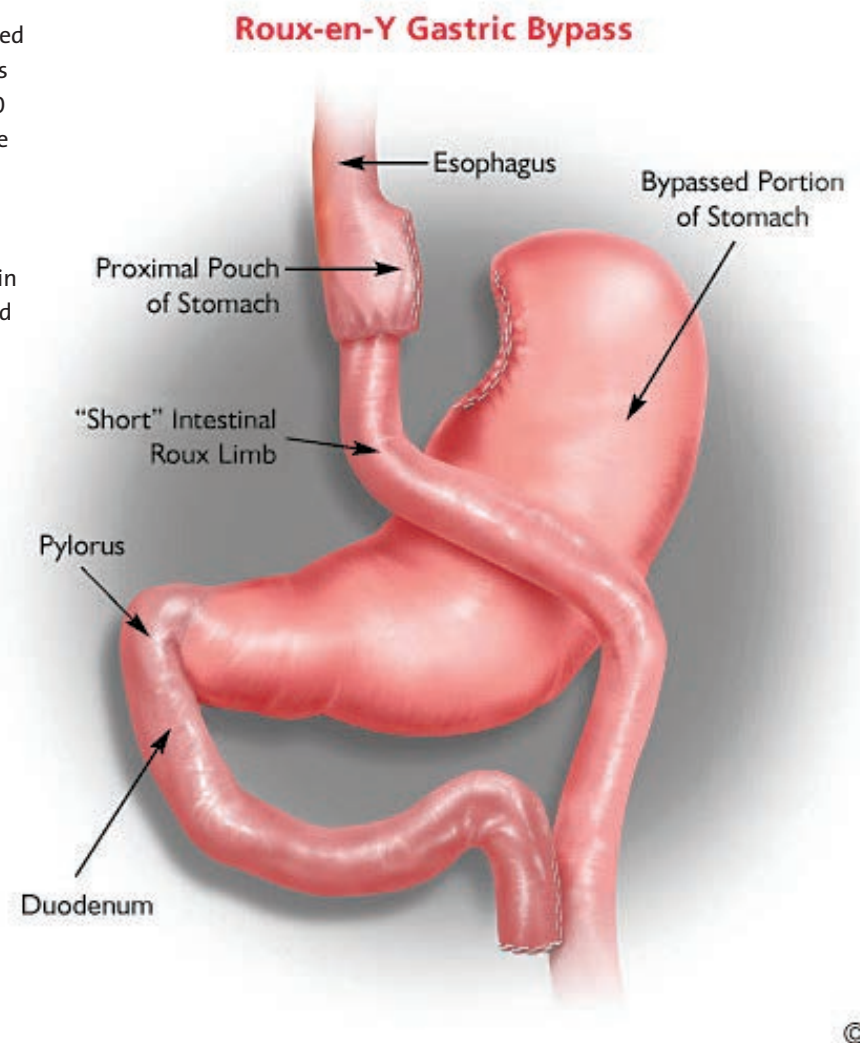
- + Roux-en-Y gastric bypass
- + Gastric sleeve

The laparoscopic Roux-en-Y gastric bypass procedure

- + The top portion of the stomach is stapled closed so food bypasses it. The remaining portion becomes a smaller gastric pouch the size of a small egg. The small size restricts food intake.
- + The small intestine is divided into two sections. A 40-inch Roux limb is created from the middle 40 inches of the small intestine.
- + The Roux limb is connected to the small gastric pouch, allowing food to bypass other portions of the small intestine and reducing the amount of calories absorbed by the body.

OhioHealth Surgical Weight Management selected this surgical option because it effectively achieves sustained weight loss. Patients commonly lose 80 percent of excess weight in the year following the procedure, and sustain 50–70 percent of excess weight loss for decades.

The change in anatomy can lead to several vitamin and mineral deficiencies. This problem is corrected by taking calcium and vitamin supplements. An iron supplement also may be needed, especially for menstruating women. Vitamin and calcium supplements should be continued for life.



Why select a gastric bypass procedure?

- + It offers consistently reliable results. Many studies have confirmed this operation results in an average loss of 70 percent of excess weight.
- + The gastric bypass procedure resolves diabetes and sleep apnea about 80 percent of the time and resolves high blood pressure and elevated cholesterol about 70 percent of the time.
- + There is low risk of obesity recurrence.
- + There are low risks of long-term complications, as long as patients maintain adequate vitamin and mineral supplementation.

Why gastric bypass works

There are four reasons why a Roux-en-Y gastric bypass procedure gives superior results. Each of these is important, but together they provide excellent sustainable weight loss.

Gastric restriction

The size of the functional stomach decreases from a potential volume of approximately two liters to about the size of a small egg. Because of the decrease in size, it is no longer possible to eat the same volume of food previously consumed.

Malabsorption

A portion of the small intestine is either physically or functionally no longer available to absorb nutrients, resulting in weight loss.

Reduced hunger

A study published in the *New England Journal of Medicine* suggests there is a hormonal component to this operation. Certain cells found within the wall of the stomach secrete the hunger-stimulating hormone called ghrelin. This hormone peaks before each meal and stimulates the sense of hunger. After the Roux-en-Y gastric bypass operation is completed, this hormone no longer spikes, and presumably no longer causes episodes of hunger. This may explain why many patients do not feel the same level of hunger between meals they previously felt.

Biofeedback

When patients eat beyond what is recommended, the excess empties into the small intestine where it is quickly diluted with body fluids, instead of being absorbed over time as it would be in a normal-size stomach with a larger reservoir. This response is called dumping syndrome. Symptoms felt by the patient in these instances include a very rapid heartbeat, upper abdominal discomfort, sweating and a general sense of anxiety. These symptoms do not resolve for at least 25 minutes. Because of these potential symptoms, patients are more likely to comply with the recommended diet.

Other operations address some of these components, but the Roux-en-Y gastric bypass procedure is the only one to address all four.



Before having bariatric surgery, I was as tired every morning when I got up as when I went to bed. Everything was an effort all day long. Now I have more energy, and vitality. I'm happier and healthier!

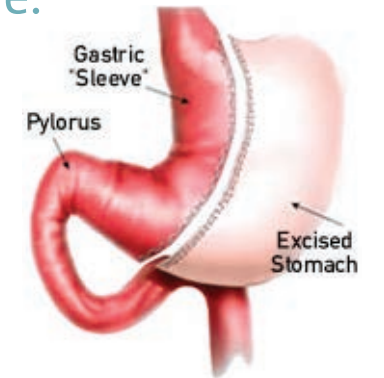
Laparoscopic gastric sleeve procedure

The gastric sleeve procedure reduces the volume of the stomach to about the size of a small banana. Reducing the size of the stomach also reduces hunger, because the part of the stomach that produces the hunger hormone, ghrelin, is removed.

Advantages of the gastric sleeve procedure:

- + No cutting, bypassing or stapling of the intestine.
- + Less concern about vitamin and calcium absorption.
- + No adjustments or artificial devices put into place.

After one year, the weight loss experienced by patients who have this surgery is normally slightly less than those who have a gastric bypass procedure.



It's made me reprioritize things in my life, and it's been such a good investment.

Risks of laparoscopic gastric bypass or laparoscopic gastric sleeve procedures

Possible Risk	Preventive Measure or Solution
A leak from the staple line connecting the stomach and small intestine	During surgery, the staple lines are secured with the stomach and small bowel is checked at the end of the operation. Occasionally, this requires an urgent second operation to repair.
Deep vein thrombosis: formation of blood clot in the veins of the legs or pelvis pumps and blood thinner injections will be used.	In the hospital, you will be encouraged to walk soon after surgery, and special stockings, leg or foot.
Anastomotic stricture: a narrowing of the between the new gastric pouch and intestine as a result of the healing process.	This narrowing can be dilated through a scope connection as an outpatient procedure, if necessary.
Pulmonary embolism: a blood clot that travels from the legs or pelvis to the heart and lungs pumps and blood thinner injections will be used.	In the hospital, you will be encouraged to walk soon after surgery, and special stockings, leg or foot. If you are at high risk, your bariatric surgeon may have a removable filter placed in the large vessel that returns blood to the legs, so that large clots cannot reach the heart or lungs.
Incisional hernia: a defect in the abdominal wall.	This is rare in laparoscopic surgery, but can be repaired with surgery.
Bowel obstruction: scar tissue that creates an obstruction or intestinal blockage.	Surgery can correct the obstruction.
Marginal ulcer	This condition can be managed with medication, such as a stomach acid inhibitor, as well as avoidance of nicotine and anti-inflammatories.
Mortality	This is a safe operation. The risk of mortality from a gastric bypass operation is less than 0.5 percent, up to 30 days following the procedure.

Laparoscopic surgery – *The preferred method*

Advanced laparoscopic technology allows the Roux-en-Y gastric bypass procedure to be performed more safely. The surgery is far less invasive than traditional surgery, since it is performed through several small “keyhole” incisions. Patients benefit from:

- + Tiny incisions, resulting in less scarring and quicker recovery.
- + Excellent cosmetic results.
- + Less pain.
- + Fewer wound complications.
- + A shorter hospital stay.
- + Quicker return to physical activity.
- + Much less risk of hernia formation.
- + Greatly reduced need for a second major operation to repair an incisional hernia.

At age 57, my weight was killing me, and I had little hope for recovery. I was taking all kinds of pills for all kinds of disorders. Four months after my surgery, my need for medicine was completely gone! Now, I suspect I'll be around to rock my great-grandchildren!



Pros and cons of two bariatric procedures

Both procedures we offer are safe and effective surgical approaches to sustainable weight loss, but each operation has unique risks and benefits. This side-by-side comparison can help with your decision. Your bariatric surgeon will also provide guidance so you make the best choice for your situation.

	Laparoscopic Roux-en-Y Gastric Bypass	Laparoscopic Gastric Sleeve
	Rapid weight loss (12 to 18 months)	Rapid weight loss (12 to 18 months)
Estimated loss of excess weight	70 to 80 percent	60 to 80 percent
Resolution of medical problems	Excellent diabetes: 84 percent High blood pressure: 68 percent Sleep apnea: 80 percent	Good
Return to work	3 to 4 weeks	3 to 4 weeks
Supplements	Vitamin and calcium supplements needed	Vitamin and calcium supplements needed
Average length of hospital stay	Two nights	Two nights
Mortality rate	Less than 1 in 200	Less than 1 in 200
Office visits	Six in the first year	Six in the first year

Eligibility requirements for bariatric surgery

Body Mass Index (BMI) greater than 40, or BMI greater than 35 with serious comorbidities, such as diabetes, hypertension, obstructive sleep apnea or cardiovascular disease.

- + Age 18 or older.
- + You must be an acceptable medical risk (as defined by the medical evaluation).
- + Previous unsuccessful nonsurgical weight-loss attempts.
- + In-person or online attendance of an OhioHealth Surgical Weight Management seminar.
- + Review of this handbook.



Free seminars

OhioHealth Surgical Weight Management offers several seminars each month to help you learn about our services. Each seminar is presented by one of our highly-qualified bariatric surgeons.

In the free seminar, you will:

- + Learn about bariatric surgery options at OhioHealth Riverside Methodist Hospital directly from our experienced surgeons.
- + Learn the information you need to help you decide if bariatric surgery is right for you.
- + Hear stories from past bariatric patients.
- + Learn about the OhioHealth Surgical Weight Management program.
- + Become much more informed about bariatric surgery.

If you wish, before you leave your free seminar, you may provide health insurance information to the OhioHealth Surgical Weight Management insurance coordinator, so we can begin to assess your health insurance coverage for bariatric surgery.



Every single person in the program has been super supportive.

Presurgical education

Insurance coordinator

Our insurance coordinator will call you to explain your health insurance benefits and answer any questions you have. If you choose to proceed with our program, the insurance coordinator will guide you to your next step.

Bariatric orientation

Your bariatric orientation will provide information to help prepare you for your upcoming journey. Representatives from Nutrition, Exercise and Behavioral Health will provide a brief presentation. You will receive a journal that will guide you through your preoperative education, surgical procedure, postoperative care and after care services.

Medical evaluation

In order to make sure that bariatric surgery is appropriate and safe for you, a full medical evaluation is completed. The physician will do a complete physical exam, review your health history and discuss your health status with you. You also will have blood drawn for tests, including a complete blood count, chemistry analysis, lipid profile and thyroid studies. A chest X-ray and an electrocardiogram (EKG) are ordered.

If the physician feels you need additional diagnostic testing, these tests will be arranged for you at this time. These may include a cardiac work-up with a stress test and an echocardiogram. Occasionally, catheterization may be necessary. Sleep studies are often a part of this process as well, since obstructive sleep apnea is a frequent medical condition caused by severe obesity. Other studies are tailored to your needs and only those studies necessary for your safety are ordered.

Psychological evaluation

This is an important element of our program that helps prepare you for the lifestyle changes you will need to make to sustain your weight loss after surgery. It also helps our team make a final decision about your readiness for the procedure. During your evaluation, you will complete psychological testing in addition to a one-on-one interview to help the psychologist learn more about you, and your readiness to make lifestyle changes. If the psychologist and the interdisciplinary team concludes that counseling or other recommendations are needed to prepare you for optimal outcomes, you will be referred to another experienced provider who will assist you.

Dietitian consultations

One of our dietitians will talk with you about your current and prior eating habits. They will review dietary changes you will be required to make before surgery, and explain how to modify your food choices and portions as well as meal frequency after surgery to help you feel well and successfully lose weight.

The dietitian will help assess your readiness to make significant dietary changes, and these consultations will help you and the OhioHealth Surgical Weight Management team make a final decision about whether or not you are ready to proceed to surgery.

You will be assigned a nurse navigator and care coordinator to answer any questions or concerns you have, and provide guidance throughout your journey.

Surgery preparation

Presurgical consultation with your bariatric surgeon

Once your preoperative evaluation and education is complete, and your health insurance approval has been received, you will have a two-hour consultation with your bariatric surgeon and bariatric nurse. During this visit, your surgical operation will be explained to you in detail, you will receive specific instructions. You can also discuss any remaining questions at this time.



*It's the most amazing thing. I'm a new person.
I have a new life.*

Postsurgical treatment plan

Extensive nutritional counseling

After your surgery, you will have at least three consultation appointments with the dietitian. Our registered dietitians will help you change your eating habits and make wise choices through every phase of your program – before, during and after surgery.

Follow-up visits

Medical follow-up visits will be scheduled for you with your bariatric surgeon at two weeks, four weeks, eight weeks, six months and one year after surgery. Every year following your surgery, you should meet with your physician to check for vitamin and mineral deficiencies.

Emotional and social support

Although you may not realize it now, the changes you experience may significantly impact your emotions, relationships and self-esteem. At OhioHealth Surgical Weight Management, we offer support groups to help you manage this major life change.

Increasing activity for long-term weight management

Our exercise program usually begins three to four weeks after your surgery, once your surgeon has approved you to begin this activity.

An exercise physiologist will design a program specific to your individual needs, including an exercise plan for you to follow at home between sessions. The process starts very slowly and gently, but you will soon be surprised by what you are able to do! This unique feature of our program will help you achieve your weight-loss goals and increase your activity level following surgery. Our patients are often surprised by how much they enjoy these sessions.

One facility we recommend is the McConnell Heart Health Center because of the world-class, comprehensive facilities and highly qualified and experienced staff. For more information about the McConnell Heart Health Center, please visit OhioHealth.com/McConnellCenter.

Getting started

Your insurance company may require the following things to move forward with your procedure:

Weight history

This can be obtained from your Primary Care Physician, OB-GYN or any other physician where your weight has been taken periodically. Please make this as complete as possible.

Explanation of supervised attempts at weight loss

This could include working with a dietitian or programs such as Weight Watchers®, Jenny Craig® and any medically supervised weight-loss programs.

A letter from your family doctor or primary care physician

Some insurance companies require a letter of support. All letters must be typewritten and signed by your family doctor. Our insurance coordinator will provide you with sample letter to give to your doctor.

Attending today's seminar was your first step toward a healthier lifestyle! If you are ready for what's next, give your completed Evaluation Request and Seminar Evaluation to our seminar attendant at the conclusion of today's event. Our insurance coordinator will reach out to you within seven business days to schedule an appointment. If you have any questions, please call (614) 566.2700.



I would definitely recommend the program.

Evaluation Request

I would like to begin the evaluation for weight loss surgery.

Please schedule me for an evaluation appointment with OhioHealth Surgical Weight Management.

Last name M First name

Address

City State Zip code

Home phone Work phone Cell phone

Email address

Place of employment

Spouse's place of employment

Emergency contact name Phone Relationship

Family physician Phone

Referring physician Phone

Primary Insurance Information

Insurance company name Insurance company phone

Insurance company address

Insured name Social security number

Insured's date of birth Relationship to patient

Group number Insurance I.D. number

Secondary Insurance Information

Insurance company name Insurance company phone

Insurance company address

Insured name Date of birth Social security number

Signature Date

Date of seminar: _____

- In-person seminar
- Online seminar

Who was your presenter?

- Thomas Sonnanstine, MD
- Nirav Rana, MD
- Calloway Robertson, MD

- Male
- Female

Date of Birth

□□/□□/□□

Marital Status

- Married Single
- Divorced Widowed

Your estimated weight:

Height:

Have you been in a bariatric program before?

- Yes No

If yes, where?

Group number

Insurance I.D. number

Relationship to patient



Seminar Evaluation

Today's seminar date _____

Please answer these questions to tell us about your experience in the OhioHealth Surgical Weight Management seminar. Thank you!

Who was your presenter?

- Thomas Sonnanstine, MD
- Nirav Rana, MD
- Calloway Robertson, MD

	Excellent	Very Good	Good	Fair	Poor
The speakers presented the information in a language that I could understand.	5	4	3	2	1
The information presented was of value to me.	5	4	3	2	1
The speakers showed their compassion for and commitment to people of size.	5	4	3	2	1
The seminar meeting room was comfortable.	5	4	3	2	1
The time of the seminar was convenient.	5	4	3	2	1
The length of the Seminar was appropriate.	5	4	3	2	1

What did you like best about the seminars? _____

How can we improve future seminars? _____

How did you hear about this seminar?

- Doctor's name: _____
- A friend or relative
- Online
- Social media
- Workspace
- Mailing form OhioHealth Surgical Weight Management
- Other: _____



About OhioHealth Riverside Methodist Hospital

Riverside Methodist is consistently ranked among the top hospitals in the nation. The numerous awards and accolades Riverside Methodist has received mean you can rest assured of receiving the highest quality and most compassionate care available.

- + Riverside Methodist medical professionals are recognized experts in all types of specialized services, including heart care, cancer care, orthopedics, neurosciences and minimally invasive surgery.
- + Riverside Methodist is among the top three percent of hospitals nationwide that have been recognized for providing superior patient care, thanks to the renowned Magnet nursing team.
- + Riverside Methodist is part of OhioHealth, a faith-based, not-for-profit family of leading healthcare providers.

To learn more about Riverside Methodist Hospital, please visit OhioHealth.com/Riverside.

OhioHealth Surgical Weight Management

OhioHealth.com/WeightManagement

McConnell Heart Health Center
3773 Olentangy River Road
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