



WESTERN BARIATRIC
INSTITUTE

Patient Contract for Optimal Success Following Weight Loss Surgery

I, _____, acknowledge and agree that in order to reach my weight loss goals that I must be an active participant in my care. I acknowledge that the key to my success is for me to take personal responsibility for my long term weight loss. I accept that for the surgery to succeed, I must change my thinking and behavior for my long term health.

As a testament to my commitment I agree to the following guidelines both prior to and following my surgery.

1. I will attend the “Steps to Success” class which is offered to prepare me for the life changes that will be required following surgery. I will do my best to make these changes prior to the date of my surgery.
2. I will view the preoperative educational class that will be offered online one to two weeks prior to my surgery.
3. I will take advantage of the many support groups that are available so that I can learn from others as well as share my experiences so that others can be successful.
4. If I am unable to attend the support group meetings, I will take advantage of questions or information available from the Western Bariatric Institute’s team and their post-operative classes.
5. I will have an action plan for exercise that I develop before surgery and will begin some increased activity prior to my procedure and continue upon discharge from the hospital. This may include joining a gym, YMCA or an in home program.
6. I will keep an accurate food and exercise record so that I can visualize how I am doing. I may be required to present this record at scheduled follow-up visits with my bariatric practitioner so that they can make accurate assessments of my progress.
7. I will take advantage of psychological counseling if necessary post surgery. I acknowledge that emotional changes can occur after this surgery.
8. I will follow up with the dietitian one on one or in a group post-op class as necessary to better my choices and guide me with decisions on foods.
9. If I am not doing well, I agree to take ownership of some of the problems and not blame the surgery for my lack of success. In doing this I can make necessary changes to become successful.
10. I will participate in a one-year follow-up program, which requires regularly scheduled visits and lab work. These appointments will be with either my surgeon or a mid-level bariatric practitioner.
11. I understand that the first 90 days post-surgical are a ‘global period’ in which follow-up care is bundled with the procedure, and any typical office visit dues after this window are due at the time of service.
12. After my one year of post-operative care I agree to follow up with WBI annually for life for further monitoring.

I acknowledge and agree that in order for me to achieve optimum success for this surgery the guidelines that Drs. Ganser and Kozar have established must be followed to reach my maximum potential. If I have any questions regarding these guidelines, I will discuss them with my surgeon and/or his delegate.

By signing this contract, I acknowledge my complete understanding, agreement and intended compliance with the stated program.

Patient Name (Print)

Patient Signature

Witness Signature

Date