

Physician Name _____ Corporation Name _____

Do you perform bariatric surgery procedures? Yes No

If you answered "yes" above, please answer all of the following questions:

1. Please indicate the type(s) of procedures you perform:

- Biliopancreatic Diversion (BPG) - open procedures only
- Vertical Banded Gastroplasty (VBG) - open procedures only
- Laparoscopic Bariatric Procedures
- Roux-en-Y (RNY) - open procedures only
- Laparoscopic Roux-en-Y
- Lap Band (Gastric Banding)
- Gastric Sleeve
- Other Laparoscopic Bariatric Procedure (please explain) _____
- Other Bariatric Procedure (please explain) _____

2. Are you a member of the American Society for Bariatric Surgery? Yes No

3. Do you have full hospital privileges for general and gastrointestinal surgery, including bariatric procedures? Yes No
If yes, please list the facilities where you will be performing bariatrics _____

4. How many years have you been performing bariatric surgery? (check one)

- Less than 2 Years
- 2-10 Years
- More than 10 Years

5. During the previous two years, what is the average number of bariatric surgeries you have performed per year? (check one)

- 0-25
- 26-50
- 51-75
- 76 or more

6. During the previous two years, how many Laparoscopic Roux-en-Y procedures have you performed? (If not performing this procedure, please indicate "0") _____

7. How many bariatric surgeries do you plan to perform during the next 12 months? (check one)

- 0-25
- 26-50
- 51-75
- 76 or more

8. What is your leakage rate? _____

9. What is your mortality rate? _____

10. What is your complication rate? _____

11. Indicate the type(s) of procedures you perform:

- Cholecystectomies
- Appendectomies
- Esophagectomy
- Colectomy
- Small Bowel Resection
- Splenectomy
- Adrenalectomy
- Fundus Placation
- Hernia Repair

12. Do you have a policy requiring potential patients to undergo a pre-op psychological exam by a psychologist or psychiatrist familiar with bariatric procedures? Yes No

If "No", please explain: _____

13. Describe any continuing education courses related to bariatric surgery you have completed in the last two years: _____

Applicant name _____

13. Describe your informed consent process: _____

14. Do you obtain a signed consent form? Yes No
If yes, please attach copy.

15. Do you perform any procedures or diagnostic tests in your office that you are not credentialed to perform in a healthcare facility? **If yes, provide details.** Yes No

Signature

Date