

Highland Hospital
BARIATRIC SURGERY CENTER
1000 South Avenue
Rochester, NY 14620
585-341-0366

Joseph Johnson, M.D., F.A.C.S.
Maria Durdach, M.D.

Julie Anne Leo, PA-C
Katrina Bruzda, PA

Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table.

Primary Care Physician Intake Form for Bariatric Surgery

All questions must be

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Maria Durdach, M.D.
Heather Allerton, PA-C
Julie Anne Leo, PA-C
Molly Adcock, NP

Patient Name: _____

DOB: _____

3. Patient has the following documented co-morbidities (check all that apply):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coronary Disease | <input type="checkbox"/> Pulmonary Disease | _____ |
| <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Degenerative Arthritis | _____ |

4. ~~8A7W5U(A7W-4pgr0BZ/BZA7W-(50BZ1eC_TYaBZA7W-(0BBZ/Bfu870E,W3N0)0BZ)EWBfNBZ/BZA7W~~

