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In order to facilitate obtaining prior authorization for you surgery, we request that you answer the following questions as completely as possible.

1. Place and "x" next to the methods of weight loss you have tried at any time in the past. Please include any method not listed below in the space provided.

<input type="checkbox"/> Calorie Restricted Diet	<input type="checkbox"/> Physician-Supervised
<input type="checkbox"/> Low Fat Diet	<input type="checkbox"/> TOPS
<input type="checkbox"/> Diabetic Diet(ADA)	<input type="checkbox"/> Jenny Craig
<input type="checkbox"/> Atkins Diet	<input type="checkbox"/> Overeaters Anonymous
<input type="checkbox"/> Dietician Instructed	<input type="checkbox"/> American Medical
<input type="checkbox"/> Diet pill (over the counter)	<input type="checkbox"/> Nutrisystem
<input type="checkbox"/> Diet pill (prescription)	<input type="checkbox"/> Optifast
<input type="checkbox"/> Herbs	<input type="checkbox"/> Fasting
<input type="checkbox"/> Slim Fast	<input type="checkbox"/> Hypnosis
<input type="checkbox"/> Exercise	<input type="checkbox"/> Jaws Wired
<input type="checkbox"/> Weight Watchers	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Diet Workshop	<input type="checkbox"/> Previous Weight Loss Surgery
<input type="checkbox"/> Other (please list) _____	

2. How much did you weigh 5 years ago? _____
3. What is your heaviest weight? _____

(signature)

(date)