

**Bariatric Nutrition Follow-up
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NAME: _____ DATE: _____

SURGERY DATE: _____ PROCEDURE: _____

DO YOU HAVE ANY NUTRITIONAL CONCERNS AT THIS TIME?

ARE YOU CURRENTLY TAKING ANY SUPPLEMENTS? IF YES, PLEASE SPECIFY:

ARE YOU CURRENTLY EXERCISING? IF YES, WHAT IS YOUR REGIMEN?

PLEASE RECORD YOUR TYPICAL DAILY FOOD INTAKE:

BREAKFAST	LUNCH	DINNER	SNACKS

