



**PROFESSIONAL UNDERWRITERS
LIABILITY INSURANCE COMPANY**

A TDC Company

BARIATRIC SURGERY PROCEDURE QUESTIONNAIRE

NAME: _____ POLICY No: _____

1. Which of the following procedures do you perform?

			# in Past 12 Mo's	# in Next 12 Mo's			# in Past 12 Mo's	# in Next 12 Mo's
	Laparoscopic				Open			
Roux en Y	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Banding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other (describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

2. Provide details of training: _____

3. If you have completed any additional training this past year for bariatric surgery, please include the details of training and certification: _____

4. How long have you been performing bariatric surgery? _____

5. How many total bariatric procedures have you done? _____

6. Have you had any post-operative deaths? If so, provide date and cause of death. _____

7. Have you had any post-operative complications requiring surgical repair? Yes No
If "YES", indicate number and variety: _____

8. What percent of your practice includes bariatric surgery? _____

9. What percent of your bariatric surgeries are performed on persons under the age of 18? _____

10. Is the facility where you perform bariatric surgery equipped to accommodate larger patients (e.g. MRI, wheelchairs, furniture, and transfer equipment)? Yes No

Please provide (1) a description of your established systems for pre-operative and post-operative care, including long-term patient follow up; (2) information about your patient selection criteria (including minimum, maximum and average BMI); and (3) a copy of your informed consent for bariatric procedures.

Signature: _____

Date: _____