

## Calgary Adult Bariatric Surgery Clinic Participation Agreement

- 1. I will continue with the Calgary Adult Bariatric Surgery Clinic after my Intake Assessment with the nurse case manager, ONLY if I am interested in having bariatric surgery.
- 2. I understand that it is my responsibility to participate fully in the program offered by the Calgary Adult Bariatric Surgery Clinic.
- 3. I understand my participation does not guarantee that I will have bariatric surgery.
- 4. I understand that my ability or readiness to have bariatric surgery may change with time.
- 5. I will use the information given in classes and appointments to learn all about bariatric surgery and how to achieve and maintain my health after bariatric surgery.
- 6. I will learn about the possible risks and complications of bariatric surgery.
- 7. I will have realistic expectations of bariatric surgery.
- 8. I will ask questions when I do not understand.
- 9. I will help develop and agree on a health care / lifestyle plan with my health care providers and take steps to follow and maintain that plan for life.
- 10. I will be open and honest with my health care providers so they can support me and make appropriate recommendations.
- 11. I will inform my health care providers of any changes in my health.
- 12. I understand that my safety, health and quality of life are the priorities of my health care providers.
- 13. I will move through the Calgary Adult Bariatric Surgery Clinic program at my own pace, without comparing myself to others.
- 14. I will complete all Calgary Adult Bariatric Surgery Clinic mandatory classes and appointments.
- 15. I will attend and be on time for all classes and appointments at the Calgary Adult Bariatric Surgery Clinic.
- 16. I will complete all recommended health care appointments outside of the Calgary Adult Bariatric Surgery Clinic.
- 17. I will complete all blood work and other medical testing as requested.
- 18. I will bring the Calgary Adult Bariatric Surgery Clinic Orientation and Preparing for Bariatric Surgery booklets to ALL appointments.
- 19. I will bring an updated food record to ALL appointments.
- 20. I will treat health services as a valuable public resource.
- 21. I understand that if I am not prepared for an appointment, I may be asked to reschedule to a later date.

Initials \_\_\_\_\_

- 22. I will call the Calgary Adult Bariatric Surgery Clinic to reschedule if I cannot attend a planned class or appointment.
- 23. I understand that due to unforeseen circumstances, my appointment with a health care provider may be changed and I will be provided as much notice as possible.
- 24. I understand that a missed appointment is defined as: not attending, arriving 15 minutes or later, or not calling at least 48 hours in advance to reschedule a class or appointment.
- 25. I understand that 2 missed appointments with any health care provider may result in discharge from the Calgary Adult Bariatric Surgery Clinic.
- 26. I understand that if my health care providers cannot contact me after 2 phone calls and a letter by mail, I may be discharged from the Calgary Adult Bariatric Surgery Clinic.
- 27. I will continue to attend appointments with my health care providers once I have been approved for bariatric surgery and awaiting a surgery date.
- 28. If I have bariatric surgery, I will attend my regularly scheduled follow-up appointments with my health care providers for one year post-op. Appointments are usually booked for 1, 3, 6, 9 and 12 months after bariatric surgery.
- 29. If I have bariatric surgery, I will attend a clinic appointment once every year for at least 5 years after my bariatric surgery to complete required follow-up assessments.
- 30. I will remain substance free. This includes alcohol, smoke, smokeless tobacco, and other substances.
- 31. I will use respectful words and actions with all health care providers, staff and patients associated with the Calgary Adult Bariatric Surgery Clinic.
- 32. I understand all clinic spaces are 'scent-free' and will not wear scents that could impact others.
- 33. I understand that if I do not meet full participation agreement criteria, as described above, I may be discharged from the Calgary Adult Bariatric Surgery Clinic.
- 34. **If Applicable:** I understand that if I wish to become pregnant, I will wait at least 24 months after bariatric surgery before planning my pregnancy.

I acknowledge that I have read, understood and reviewed this participation agreement:

Patient Printed Name: \_\_\_\_\_ AHC# \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_