



NAME : _____

What Do I Want to Know?

Our goal here at the New Life Center for Bariatric Surgery is to provide you with exceptional medical care and to be sure that all of your health concerns are addressed during your visit with our providers. We know that a great amount of information will be discussed at the time of your consultation and want to ensure that you have the opportunity to discuss any questions you have regarding all aspects of our program.

Please take a moment to write down in the space provided below any inquiries that you would like covered during your visit.

1. Q: _____

A: _____

2. Q: _____

A: _____

3. Q: _____

A: _____

4. Q: _____

A: _____

Thank you for giving us the opportunity to assist you in this journey toward your “New Life.”