Tyler Neher

PROCEDURE: (SLEEVE) LAP BAND BYPASS SURGERY DATE: 7/25/19 HEIGHT 6'0"

DATE	TIME	APPOINTMENT	CURRENT WEIGHT	CHANGES IN WEIGHT +/-	BMI	TOTAL LOSS	BP	LAP BAND FILL AMT.	INITIALS
2019		Consult	337.8		45.8		116/72		
11/27/19		4 mos post op	263.9		35.8	-73.9	114/72		
10/14/20	1410	14 month f/u	232.8	-31.1	31.6	-105	138/69		

INITIALS	SIGNATURE	TITLE	DISCIPLINE
	Patricia Strassburg		NSG

3201520904 02/20/19 BAR I60
NEHER ,TYLER M
000759226 07/28/92 26 M E003062184
Atn Dr: PAHUJA, ANIL K

OMC : NEHER ,TYLER M

PROCEDURE: (SLEEVE) LAP BAND BYPASS SURGERY DATE: 7/25/19 HEIGHT 6'

DATE	TIME	APPOINTMENT	CURRENT WEIGHT	CHANGES IN WEIGHT +/-	BMI	TOTAL LOSS	BP	LAP BAND FILL AMT.	INITIALS
2/20/19	1315	Consult	337.8		45.8		146/96		
3/6/19	1325	Nutrition	343.8	+6	46.7	+6			MK
4/29/19	1440	Nutrition	353.6	+ 9.8	48.1				MK
5/22/19	1002	Nutrition	355.2	+1.6	48.3				MK
~~5/24/19~~ 7/1/19	11A	Weigh In	351.7	-3.5	47.7				
7/10/19	10[30]A	Weigh In	345.4	-6.3	46.8				
7/24/19	1345	Pre op	354.0	+8.6	48.0	+16.2	140/70		
8/7/19	1520	(2 wk) post op	322.7	-31.3	43.8	-15.1	148/84		
8/28/19	1520	(6 wk) post op	304.9	-17.8	41.4	-32.9	154/94		
11/27/19	1539	(4 mos) post op	263.9	-41	35.8	-73.9	114/72		

INITIALS	SIGNATURE	TITLE	DISCIPLINE
	Patricia Strassburg	RN	NSG
MK	MS RD LDN	RD	Nutr

Bariatric Follow-UP/Postoperative visit (page 1 of 2)

DATE 10/14/2020 **PATIENT NAME** Tyler Neher **DOB** 7/28/92

History of Present Illness/Past Surgical History: 27 Y.O. [ ] Female [✓] Male

S/P 14 wks/mths/yrs [ ] **Lap Band** [✓] **Sleeve Gastrectomy** [ ] **GBPS, RY**

Chief Complaint: [ ] Morbid Obesity [✓] Other S/P. 14 months post op sleeve

HEIGHT: 60" **WEIGHT** 232.8 **BMI** 31.6 **BP** 138/69 **Pain**(0-10) 0 # -31! **Lb.Lost** # 138/69 **Total Lost**

Re-admission to hospital since last visit? Yes [ ] No [✓] Reason: _____

Medications: reviewed on 10/14/2020 with the following updates: [✓] No Changes [ ] See List

MODIFICATIONS (see below)

MEDICATION	DOSE	ROUTE	FREQUENCY
see list			

Past Medical History & Review of Symptoms performed on 10/14/2020 with the following updates: [✓] No Changes [ ] Modifications _____

Allergies _____ [✓] No Changes [ ] Modifications _____

OB/GYN History [ ] N/A [✓] No Changes [ ] Modifications

Family History [✓] No Changes [ ] Modifications _____

Social History [✓] No Changes [ ] Modifications _____

Alcohol Use: No [✓] Yes [ ] Amt _____ **Tobacco:** No [✓] Yes [ ] Amt. _____

Sleep Apnea Pre Op: Yes [ ] No [✓] Pre Op: **prescribed C PAP** [ ] YES [ ] NO **/BI PAP** [ ] YES [✓] NO

Post OP: Still prescribed C PAP[ ]YES [ ]NO Prescribed BI PAP[ ]YES [ ]NO DATE STOPPED _____

Diet History (inc .grams of Protein/day _____

Exercise History: walking

Other Pertinent History: ↓ HTN, ↓ reflux

Tyler Neher

(PAGE 2 of 2) DATE 10/14/2020

FINDINGS **Significant Labs/X-rays/Exam**

General	NAD, Alert 3	Labs [ ] ordered
Skin		[ ] Clinical
HEENT		[ ] Medicine
Neck		[ ] radiology
Cardio		[ ] Reviewed
Chest/Lung		Musculoskeletal
Abdominal	Soft, NT/ND, BBS	Activity limited by pain [ ] Yes [ ] No
EXT		Surgical intervention planned [ ] Yes [ ] No
Neurologic		Use of mobility device [ ] Yes [ ] No
Nodes		Type:_____ Date Stopped:_____
Breasts N/A [ ]		
Rectal/genital/ Pelvic N/A [ ]		
Other specify		

PLAN [ ] F/U Office 6 months [ ] F/U PCP [ ] Nutritional Consult [ ] Return to work

[ ] Diet per protocol [ ] Increase exercise [ ] Increase Protein [ ] Increase fluids

Doing great

DATE: 10/14/2020

Attending Physician Signature

Bariatric Follow-UP/Postoperative visit (page 1 of 2)

DATE 11/27/19 **PATIENT NAME** Tyler Neher **DOB** 7/28/92.

History of Present Illness/Past Surgical History: 26 Y.O. [ ] Female [✓] Male

S/P 4 wks/mths/yrs [ ] **Lap Band** [✓] **Sleeve Gastrectomy** [ ] **GBPS, RY**

Chief Complaint: [ ] Morbid Obesity [✓] Other S/P 4 months post op sleeve

HEIGHT: 6' **WEIGHT** 263.9 **BMI** 35.8 **BP** 116/72 **Pain**(0-10) 0 # -41 **Lb.Lost** # -73.9 **Total Lost**

Re-admission to hospital since last visit? Yes [ ] No [X] Reason: _____

Medications: reviewed on 11/27/19 with the following updates: [X] No Changes [ ] See List

MODIFICATIONS (see below)

MEDICATION	DOSE	ROUTE	FREQUENCY
see list.			

Past Medical History & Review of Symptoms performed on 11/27/19 with the following updates:
[X] No Changes [ ] Modifications _____

Allergies _____ [X] No Changes [ ] Modifications _____

OB/GYN History [X] N/A [ ] No Changes [ ] Modifications

Family History [X] No Changes [ ] Modifications _____

Social History [X] No Changes [ ] Modifications _____

Alcohol Use: No [X] Yes [ ] Amt _____ **Tobacco:** No [ ] Yes [ ] Amt. _____

Sleep Apnea Pre Op: Yes [ ] No [X] Pre Op: **prescribed C PAP** [ ] YES [ ] NO /**BI PAP** [ ] YES [ ] NO

Post OP: Still prescribed C PAP[ ]YES [ ]NO Prescribed BI PAP[ ]YES [ ]NO DATE STOPPED_____

Diet History (inc .grams of Protein/day ~70gms/day

Exercise History: walking

Other Pertinent History: ø issues, ⊕ MVI

Tyler Meher

(PAGE 2 of 2) DATE 11/27/19

FINDINGS **Significant Labs/X-rays/Exam**

General	NAD	Labs [ ] ordered
Skin		[ ] Clinical
HEENT		[ ] Medicine
Neck		[ ] radiology
Cardio		[ ] Reviewed
Chest/Lung		Musculoskeletal
Abdominal	SOFT, NTND BS	Activity limited by pain [ ] Yes [X] No
EXT		Surgical intervention planned [ ] Yes [X] No
Neurologic		Use of mobility device [ ] Yes [X] No
Nodes		Type:_____ Date Stopped:_____
Breasts N/A [X]		
Rectal/genital/ Pelvic N/A [X]		
Other specify		

PLAN [X] F/U Office 2 months [ ] F/U PCP [ ] Nutritional Consult [ ] Return to work

[ ] Diet per protocol [X] Increase exercise [ ] Increase Protein [ ] Increase fluids

Doing well

DATE: 11/27/19

Attending Physician Signature

3201577855 08/28/19 BAR I60
NEHER ,TYLER M
000759226 07/28/92 27 M E003062184
Atn Dr: PAHUJA, ANIL K
PRIMARY CARE PHYSICIAN:
TRAN, VINCENT P
OMC : NEHER ,TYLER M

Bariatric Follow-UP/Postoperative visit (page 1 of 2)

DATE 8/28/19 **PATIENT NAME**_____ **DOB**_____

History of Present Illness/Past Surgical History: 26 Y.O. [ ] Female [X] Male

S/P 6 (wks)/mths/yrs [ ] **Lap Band** [X] **Sleeve Gastrectomy** [ ] **GBPS, RY**

Chief Complaint: [ ] Morbid Obesity [X] Other 6 wk post

HEIGHT: 6' **WEIGHT** 304.9 **BMI** 41.4 **BP** 154/94 **Pain**(0-10) 0 # -17.8 **Lb.Lost** # -32.9. **Total Lost**

Re-admission to hospital since last visit? Yes [ ] No [X] Reason: _____

Medications: reviewed on 8/28/19 with the following updates: [X] No Changes [ ] See List

MODIFICATIONS (see below)

MEDICATION	DOSE	ROUTE	FREQUENCY
see list			

Past Medical History & Review of Symptoms performed on 8/28/19 with the following updates:
[X] No Changes [ ] Modifications _____

Allergies _____ [X] No Changes [ ]Modifications_____

OB/GYN History [X] N/A [ ] No Changes [ ] Modifications

Family History [X] No Changes [ ] Modifications _____

Social History [X] No Changes [ ]Modifications_____

Alcohol Use: No [X] Yes [ ] Amt_____ **Tobacco**: No [X] Yes [ ] Amt. _____

Sleep Apnea Pre Op: Yes [ ] No [X] Pre Op: **prescribed C PAP** [ ] YES [ ] NO **/BI PAP** [ ] YES [ ] NO

Post OP: Still prescribed C PAP[ ]YES [ ]NO Prescribed BI PAP[ ]YES [ ]NO DATE STOPPED_____

Diet History (inc .grams of Protein/day_____

Exercise History: walking

Other Pertinent History: no issues

DATE 8/28/19

3201577855 08/28/19 BAR I60
NEHER ,TYLER M
000759226 07/28/92 27 M E003062184
Atn Dr: PAHUJA, ANIL K
PRIMARY CARE PHYSICIAN:
TRAN, VINCENT P
OMC : NEHER ,TYLER M

FINDINGS

Significant Labs/X-rays/Exam

General	NAD A+O×3	Labs [ ] ordered
Skin		[ ] Clinical
HEENT		[ ] Medicine
Neck		[ ] radiology
Cardio		[ ] Reviewed
Chest/Lung		Musculoskeletal
Abdominal	Soft, NTND, +BS Incision healed	Activity limited by pain [ ] Yes [X] No
EXT		Surgical intervention planned [ ] Yes [X] No
Neurologic		Use of mobility device [ ] Yes [X] No
Nodes		Type:_____ Date Stopped:_____
Breasts N/A [X]		
Rectal/genital/ Pelvic N/A [ ]		
Other specify		

PLAN [X] F/U Office 6 weeks [ ] F/U PCP [ ] Nutritional Consult [ ] Return to work

[X] Diet per protocol [X] Increase exercise [ ] Increase Protein [ ] Increase fluids

Doing well

Pahuja DATE: 8/28/19

Attending Physician Signature

3201567268 07/24/19 BAR I60
NEHER ,TYLER M
000759226 07/28/92 26 M E003062184
Atn Dr: PAHUJA, ANIL K
PRIMARY CARE PHYSICIAN: TRAN, VINCENT P
OMC : NEHER ,TYLER M

Bariatric Follow-UP/Postoperative visit (page 1 of 2)

DATE 8/7/19 PATIENT NAME _____ DOB _____

History of Present Illness/Past Surgical History: 27 Y.O. [ ] Female [X] Male

S/P 2 (wks)/mths/yrs [ ] Lap Band [X] Sleeve Gastrectomy [ ] GBPS, RY

Chief Complaint: [ ] Morbid Obesity [X] Other 2 wks post op sleeve

HEIGHT: 6' WEIGHT 322.7 BMI 43.8 BP 148/84 Pain(0-10) 0 # -31.3 Lb.Lost # -15.1 Total Lost

Re-admission to hospital since last visit? Yes [ ] No [X] Reason: _____

Medications: reviewed on 8/7/19 with the following updates: [X] No Changes [ ] See List

MODIFICATIONS (see below)

MEDICATION	DOSE	ROUTE	FREQUENCY
8/7/19 see list.			

Past Medical History & Review of Symptoms performed on 8/7/19 with the following updates:
[X] No Changes [ ] Modifications _____

Allergies _____ [X] No Changes [ ] Modifications _____

OB/GYN History [X] N/A [ ] No Changes [ ] Modifications

Family History [X] No Changes [ ] Modifications _____

Social History [X] No Changes [ ] Modifications _____

Alcohol Use: No [X] Yes [ ] Amt _____ Tobacco: No [X] Yes [ ] Amt. _____

Sleep Apnea Pre Op: Yes [X] No [ ] Pre Op: prescribed C PAP [X] YES [ ] NO /BI PAP [ ] YES [X] NO

Post OP: Still prescribed C PAP[ ] YES [ ]NO Prescribed BI PAP[ ]YES [X] NO DATE STOPPED _____

Diet History (inc .grams of Protein/day 3 shakes/day.

Exercise History: walking

Other Pertinent History: PMH

(PAGE 2 of 2) DATE 8/7/19

FINDINGS **Significant Labs/X-rays/Exam**

General	NAD, A+Ox3	Labs [ ] ordered
Skin		[ ] Clinical
HEENT		[ ] Medicine
Neck		[ ] radiology
Cardio		[ ] Reviewed
Chest/Lung		Musculoskeletal
Abdominal	Soft, NT/ND, +BS Incisions healed	Activity limited by pain [ ] Yes [✓] No
EXT		Surgical intervention planned [ ] Yes [✓] No
Neurologic		Use of mobility device [ ] Yes [✓] No
Nodes		Type:_____ Date Stopped:_____
Breasts N/A [✓]		
Rectal/genital/ Pelvic N/A [ ]	deferred	
Other specify		

PLAN [✓] F/U Office 4 weeks [ ] F/U PCP [ ] Nutritional Consult [ ] Return to work

[✓] Diet per protocol [ ] Increase exercise [ ] Increase Protein [ ] Increase fluids

Doing well

DATE: 8/7/19

Attending Physician Signature

3201520904 02/20/19 BAR I60
NEHER ,TYLER M
000759226 07/28/92 26 M E003062184
Atn Dr: PAHUJA, ANIL K

OMC : NEHER ,TYLER M

Bariatric Initial Office Visit

DATE: 2/20/19

PATIENT NAME _____ D.O.B. 7/28/92 Referred by: Dr. —

Chief Complaint: [X] Morbid Obesity [X] other Consult for Bariatric Surgery.

History of Illness: 26 y.o. [ ] Female [X] Male with long standing obesity with failure of self diet multiple diets. # 3 diets tried, unsuccessful.

Past Medical History	Yes	No		Yes	No		Yes	No		Yes	No
Hypertension	☐	☑	Angina	☐	☑	Liver disease	☐	☑	Blood clots	☐	☑
Diabetes	☐	☑	Stroke/TIA	☐	☑	Thyroid disease	☐	☑	Bleeding problems	☐	☑
Myocardial Infarction	☐	☑	Lung disease	☐	☑	Kidney disease	☐	☑	Blood transfusions	☐	☑

Other/Explanation for Positive History: Sleep apnea (CPAP)

Past Surgical History: Open Appendectomy, R knee surgery, wisdom teeth.

Medications including: chronic steroids/immunosuppression, therapeutic anticoagulation, diabetic (oral & insulin) over the counter and herbal medications reviewed on 2/20/19 with the following updates:
[ ] no changes

Medication/Dose	Route	Frequency	Medication/Dose	Route	Frequency
1 See list	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:	7.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:
2.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:	8.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:
3.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:	9.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:
4.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:	10.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:
5.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:	11.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:
6.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:	12.	☐By Mouth ☐Other:	☐ Every ____ hours ☐daily ☐Other:

*If more space is required continue on progress note

Allergies NKA, NKDA.

Review of Systems Neg Positive (Check if positive)

Constitutional	☑	☐ Anorexia ☐Fatigue ☐ Fever ☐Weight loss
Cardiovascular	☑	☐ Angina ☐DOE ☐Orthopnea ☐Edema ☐Palpitations ☐Syncope
Respiratory	☑	☐ Cough ☐Dyspnea ☐Pleuritic chest pain ☐Other_____
Gastrointestinal	☑	☐ Stomatitis ☐Nausea ☐Vomiting ☐Diarrhea ☐Constipation ☐ Dysphagia
Genitourinary	☑	☐ Nocturia ☐Frequency ☐Incontinence ☐Hematuria ☐Impotence
Neurologic	☑	☐ Paresthesia ☐Dysesthesia ☐Headache ☐Seizure
Skin	☑	☐ Rash ☐Ulcers ☐Other_____
Hemorrhage	☑	☐ Easy bruising ☐Epistaxis ☐Hemoptysis ☐Hematochezia ☐Melena
Endocrine	☑	☐ Polyuria ☐Polydypsia ☐ Heat/Cold Intolerance
Psychiatric	☐	☑ Depression ☐Hallucinations ☐Sexual dysfunction ADHD.
Musculoskeletal	☑	☐ Joint pain ☐Back pain
Eyes/Ears	☑	☐ Decreased hearing ☐Decreased vision
☐ Other		

History of anesthesia reaction: ☐Y ☑N

Family History
Mother: Ø
Father: Ø
Siblings: Ø

Social History
Occupation bio repository tech
Tobacco 2 ciggalettes/day.
Alcohol 1-2 beers/wk.
Drugs Ø
Other _____

OB/GYN History (Not Applicable ☒)
Age of menarche _____ Date of LMP _____ Age of Menopause _____
Gravida _____ Para _____
Miscarriage(s) _____ Abortion(s) _____ Age at First Pregnancy _____
Age at Last Pregnancy _____
Use of oral contraceptives: ☐ Yes ☐ No Age began oral contraceptives _____
Duration _____ Hormone Replacement Therapy (HRT): ☐ Yes ☐ No
Age began _____ Duration _____

Bariatric Initial office visit

Patient Name Age DATE 2/20/19

PHYSICAL EXAMINATION

Height: 6'	Wt: 337.8	BP: 146/96	P:	T:	R:	PAIN (0/10) 0	BMI: 45.8

	FINDINGS	Significant Labs/X-rays/Exam Diagram
General	NAD, trunk 3	[X] ordered [ ] clinical [ ] medicine [ ] radiology
Skin	ϕ rashes	
HEENT	PERRL	[ ] reviewed
Neck	ϕ JVD	
Cardio	RRR	
Chest/Lung	CTA B/L	Sleep Apnea Pre Op: Yes [X] No [ ] Pre Op: Prescribed C Pap Yes [X] No [ ] Prescribed BiPap Yes [ ] No [X]
Abdominal	Soft, obese, RLQ scar	
Ext	FROM	Musculoskeletal: Activity Limited by pain: Yes [ ] No [X] Surgical Intervention planned or performed: Yes [ ] No [X] Use of Mobility Device: Yes [ ] No [X] Type:_____ Date Stopped:_____
Neurologic	intact	
Nodes	ϕ LAD	
Breasts N/A [X]		
Rectal Genital/Pelvi N/A [ ]	deferred	Urinary Stress Incontinence: Yes [ ] No [X]
Other (Specify)		

ASSESSMENT [X] Morbidly Obese [ ] Other

PLAN [ ] Lap Band [X] Sleeve Gastrectomy [ ] GBPS, RY Grade 1 [ ], 2 [ ], 3 [ ], 4 [X]

[X] Proceed with clearances [ ] F/U_____ [ ] Pre/Op_____ [ ] Exercise Program [ ] MVI

Quit Smoking

Attending Physician Signature Date: 2/20/19

TIME spent face to face with patient/family 30 minutes