Panniculectomy Questionnaire

Name _____ Date _____

In order to obtain insurance coverage for panniculectomy procedures, very specific questions must be answered. There is some variation from one insurance company to another, but they all require some background information prior to approval. Your complete answers to these questions will help us in our attempt to gain coverage for you. Thank you.

Height _____ Weight _____

1. How long has your weight been stable at this level? _____
2. Have you tried to lose weight or participate in programs to lose weight? _____
3. If yes, how much weight have you lost and in what time frame? _____
4. Do you have neck pain? Yes No
5. Do you have back pain? Yes No
6. Do you have symptoms such as dorsal kyphosis (hump back)? Yes No
7. Are you able to do anything to gain relief from these symptoms? Yes No
8. If so, what? _____
9. How does your abdomen interfere with your daily activities? _____
   _____
10. Have you sought the care of your family doctor, orthopedic surgeon or chiropractor for the care of your symptoms? Yes No
11. Do you ever get sore and macerated under your abdomen? Yes No
12. Do you ever get infections under your abdomen? Yes No
13. Have you ever had stomach stapling? Yes No When? _____
    If so, are you within 30 lbs of your target weight? _____
14. Do you ever get a foul odor under your abdomen? Yes No
15. Are you taking any anti-depressants, anti-anxiety or any other psych medications? Yes No
    If yes, please list_____
    Prescribing Physician_____

To the best of my knowledge the above information given is true and correct.

_____
Patient Signature Date

FOR OFFICE USE

Anticipated grams to be removed _____