



**Heidi Rimer Cherwony, Psy.D., P.A.**  
*Licensed Clinical Psychologist*

**Bariatric Surgery Candidate**

Name: \_\_\_\_\_

Height: \_\_\_\_\_

Current weight: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_ 6 mnths: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Date of Expected Surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Type of Surgery: \_\_\_\_\_

Surgeon Contact Number: Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I give you so much credit for taking such an empowering and positive step toward taking care of yourself. Wishing you all the best on your journey ahead!

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