Dear Advocate,

We have sometimes found that patients and their family/support members were unaware of the continued commitment required or risks to weight loss surgery. It is our goal to make sure everyone understands both the pre AND post surgery issues. Pre-surgically, it is an understanding of why the patient is a candidate and an acknowledgement of the risks involved. Post-surgically, it is an awareness of the importance of lifelong behavioral modification and commitment by the patient AND family. These things are all important to the success of the patient and the procedure. We are therefore asking you to review and sign the following agreement:

I, _________________________________, on this date, verify that I am the:

☐ spouse
☐ significant other
☐ family member (please state relationship: ________________________________)
☐ friend

of _________________________________, who is about to undergo Bariatric Surgery.

I confirm that:

- I have been informed of the nature of bariatric surgery through the following teaching tools:
  1) Wellstar Bariatric Education Seminar via attendance or Power Pt Presentation DVD or printout
  2) Review of 1st Teaching Packet via attendance at 1st consult or with patient after 1st consult
- I fully understand that the surgery will require a lifelong commitment on the part of the patient, including changes in diet and behavior.
- I also understand that bariatric surgery involves dangers and risks including, but not limited to, post-operative infection, leaks, depression, emotional changes and other physical and psychological changes, up to and including death, which are listed on the Informed Consent for Gastric Bypass Surgery, which I have reviewed and understand.
- I understand that as a result of this surgery the patient may lose a significant amount of weight, thereby changing his/her appearance.

Advocate Name: ___________________________   Witness Name: ___________________________

Signature: _______________________________   Signature: _______________________________

Date: ___________________   Date: _________________