

Please describe your current exercise habits.

Please provide a list of exercise programs you have tried, including dates and why you stopped.

Dates	Program/exercise type	Why stopped?
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Please provide the name and contact information for your bariatric surgeon -

Please provide the name of your general physician/Primary Care Physician -

Please provide names of any other medical professionals with whom you currently consult, and their role in your care (eg: nutritionist, cardiologist, etc) -
