

Advocate Support Agreement

Please attest to the following statements by indicating agreement with your initials to the left of each statement and your signature below. We encourage you to ask any questions or discuss any concerns at this time.

_____ I understand that _____ (Patient) wishes to undergo bariatric surgery.

_____ I have been fully informed of the nature of bariatric surgery.

_____ I have been actively involved in and fully support Patient's autonomous decision to undergo bariatric surgery.

_____ I fully understand that bariatric surgery involves dangers and risks including, but not limited to, post-operative infection, leaks, death, depression and physical and psychological and emotional changes that are listed on the informed consent, which I have read and understand fully.

_____ I understand that as a result of this surgery, Patient may lose a significant amount of Weight, changing his/her appearance.

_____ I fully understand that the surgery which Patient will undergo requires a lifelong commitment to behavioral changes which could include changes in eating habits, emotional coping skills and more.

_____ I have no further questions or concerns to discuss at this time. However, if I do have questions in the future, I have been encouraged by the bariatric team to ask.

It is with my full knowledge and agreement that Patient undergo bariatric surgery.

Advocate Signature _____

Printed Name _____

Witness Signature _____

Printed Name _____