



Bar code

File No.

INTERDISCIPLINARY BARIATRIC CLINIC PARTICIPANT COMMITMENT

Full name at birth

Date of birth (YYYY-MM-DD)

1- PROGRAM MISSION

Obesity surgery, known as bariatric surgery, is recognized as an effective treatment for morbid obesity. Therefore, users suffering from obesity can be treated by renowned specialists and benefit from the expertise of a multidisciplinary team who handles the pre-, per- and postoperative services with effectiveness in mind.

2- SERVICES PROVIDED

During the program, you will be followed by a professional and skilled team made up of surgeons, nurses, nutritionists, social workers, psychologists, respiratory therapists, anesthesiologists and possibly internists.

Together, they will establish your biopsychosocial condition, find out if you are a good candidate for bariatric surgery and determine what type of surgery better suits your health condition. They will coordinate the short, medium and long-term follow-up after the surgery.

3- SESSIONS AND PROGRAM DURATION

Note that, because of certain restrictions that are out of our control (e.g., unexpected situation(s) within the context of the pandemic), the periods or timeframes mentioned in this document may fluctuate based on the evolution of the public health situation.

Depending on your needs and the requested tests, each professional involved may meet up with you one or multiple times. This means that you will have to go to the Hôpital Le Royer or to one of the facilities of the Centre intégré de santé et de services sociaux de la Côte-Nord, if the meeting cannot take place by telephone or other electronic media.

The preoperative program lasts between three (3) and twelve (12) months, depending on your situation.

After surgery, resources will be available, depending on your needs and the difficulties encountered, and you may have to travel to benefit from adequate follow-up, especially if there are complications.

Multiple people require the care and services of the bariatric surgery program, while the resources are limited. Therefore, your collaboration is essential to the success of the program.

I, the undersigned, _____, in my capacity as participant, agree to the following conditions, established by the Bariatric surgery program of the Centre intégré de santé et de services sociaux de la Côte-Nord, Hôpital Le Royer.

I commit to:

- 1- Respect the process put in place by the nursing team (frequency of evaluations and follow-ups) and the recommendations (nutrition, quit smoking, weight loss, etc.) issued by the various professionals as soon as the care management starts.
- 2- Provide all the information and documents required within the timeframe specified by the nursing team (e.g., compliance report, food journal, BES, etc.).
- 3- Inform the team of any change in my health condition, my address or my telephone number(s) by calling 418 589-3701, ext. 302617.

Name:	File No.:
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- 4- Go to the Hôpital Le Royer or any facility of the CISSS de la Côte-Nord indicated by the nursing team for all the required appointments as part of the bariatric process.
- 5- Arrive on time to all my appointments and inform the nursing team within a reasonable time if I am going to be late, by calling 418 589-3701, ext. 302617.

Regarding the unavailability management related to the ministerial circular (01-02-10.01-2021-007) updated in March 2021, I understand that:

- ✓ **Three (3) postponements or refusals of an intervention, examination or consultation date because of personal unavailabilityⁱ** will lead to the automatic removal of my name from the waiting list. For the first and second refusal or postponement, the establishment will inform me that my name is removed from the waiting list and that I need to see the referring physician again in order to re-evaluate the relevance and priority of this request. I will receive a written confirmation of this removal, and the referring physician will also be informed.
- ✓ **Absence from an appointment (no show)ⁱⁱ**: at the first absence, I will be reached to be informed of the modalities of the circular. The absence is recorded on file, and a new date will be offered to me. At the second absence, I will be informed in writing that my name is removed from the waiting list and that I need to see the referring physician again in order to re-evaluate the relevance and priority of this request. I will receive a written confirmation of this removal, and the referring physician will also be informed.
- ✓ **Inability to reach the user by the team of the interdisciplinary bariatric clinic and its stakeholders.** If the nursing team cannot reach me after **three (3) telephone calls, at different times of the day, within a two-week (2) timeframe**, I will receive a letter telling me that I must contact the team within 30 days of the date of the letter. If I do not contact the team within these 30 days, my name will be automatically removed from the waiting list.

- 6- Respectfully collaborate with all members of the nursing team, and the medical and hospital staff. No verbal abuse or inappropriate behaviour will be tolerated at the interdisciplinary bariatric clinic.

Further, I agree that:

- 7- I may have to provide serum or urine samples for drug and tobacco screening, on a random basis, as part of the preoperative preparation.

If I want to submit my file again, I will need to go through the whole process once again, including the initial waiting period.

SIGNATURES

Date: _____ Time: _____ Signature of the participant: _____
YYYY / MM / DD

Date: _____ Time: _____ Signature of the witness: _____
YYYY / MM / DD

ⁱ Any user unavailability motive other than medical, hospital or administrative.

ⁱⁱ No show: A user who does not show up to an appointment that was not cancelled or postponed. This only includes users who confirmed their presence to an appointment.