







## BARIATRIC SURGERY PROGRAM PARTICIPANT COMMITMENT FORM

I, \_\_\_\_\_, a participant in the bariatric surgery program of the IUCPQ-UL, accept the conditions listed below.

### I undertake to :

1. Respect the process determined by the care team (evaluations and followup) as well as the recommendations (nutritional, smoking cessation, weight loss, etc.) made by all professionals involved in my care. If the goals set by the professionals are not met within a maximum of 12 months, my participation in the program will be terminated;
2. Provide all required information and documents by the deadlines specified by the care team;
3. Notify the care team of any change in my health, home address or telephone number by calling 418-656-4652 (option 2);
4. Ensure I am available on the date of the surgery set by the care team;
  - If you refuse the assigned date for personal reasons<sup>1</sup>, a note will be made in your file. If you refuse a second date, your name will be removed from the waiting list.
5. Go to the IUCPQ-UL or the facility specified by the care team for all required appointments, including for preoperative meetings or postoperative followup;
6. Be on time for all appointments and notify the care team reasonably in advance if I will be late by calling 418-656-4652 (option 2);
7. Notify the care team at least two (2) working days in advance if I must postpone an appointment for personal reasons by calling 418-656-4652 (option 2);
  - If an appointment must be postponed two (2) consecutive times for personal reasons, your name will be removed from the waiting list.
8. Return the care team's as soon as possible and within the time set by the team;
  - If you do not return the care team's call and/or the care team cannot reach you **by telephone after three (3) tries at different times of the day over a period of two (2) weeks**, you will be sent a letter urging you to contact the team within a maximum of ten (10) days following the date of the letter. If you do not contact the team within that time, your name will be removed from the waiting list.

<sup>1</sup>This means any reasons other than medical or administrative, or those determined by the hospital.

9. Cooperate respectfully with all members of the care team and with all medical and hospital staff;

**In addition, I consent to the following :**

10. If I fail to meet any of the commitments listed above, my name may be removed from the waiting list or I may be refused surgery;

11. The care team can inform my physician that my name has been removed from the waiting list or that I have been refused surgery as well as the reasons for that decision.

If your name is removed from the waiting list or you are refused surgery, any new request to take part in the bariatric surgery program must be reevaluated by the requesting physician as part of a new referral. If you wish to resubmit your file, you must begin the entire process again, including the initial waiting period.

\_\_\_\_\_  
Name of participant or the person authorized to sign

\_\_\_\_\_  
Signature of participant or the person authorized to sign

Year      Month      Day  
|\_| |\_| |\_|    |\_| |\_|    |\_|  
Date

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Signature of witness

Year      Month      Day  
|\_| |\_| |\_|    |\_| |\_|    |\_|  
Date