

Gastric Sleeve Weight Loss Chart

GASTRIC SLEEVE WEIGHT LOSS CHART

Patient's Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Height: _____

Ideal Weight: _____ Excess Weight: _____

Date of Gastric Sleeve Surgery: _____ dd / mm / yyyy Today's Date: (months after surgery): _____ dd / mm / yyyy

Current Weight (post-surgery): _____ Referring Physician's Name: _____

Note: Individual results may vary.

New Weight: _____

Additional Notes:

Source: Elli, R., PhD. (2023, September 25). Gastric Sleeve weight loss Timeline, Chart [2020] - What to expect! Mexico Bariatric Center.