

Spousal Agreement

I, _____, am presently married to _____
("Patient"). I understand that Patient wishes to undergo bariatric surgery. I have been actively involved in
and fully support Patient's decision to undergo bariatric surgery.

- I have been fully informed of the nature of bariatric surgery.
- I fully understand that the surgery which Patient will undergo will require a lifelong commitment on the part of the Patient, including changes in diet and behavior modification.
- I also understand that the bariatric surgery involves dangers and risks including, but not limited to, post-operative infection, leaks, death, depression, emotional changes and other physical and psychological changes all of which I fully understand.
- I understand that as a result of this surgery, Patient may lose a significant amount of weight, changing his/her appearance.

It is with my full knowledge and consent that my spouse, the Patient, undergo bariatric surgery.

Dated at _____ this _____ day of _____, _____

Spouse signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____

Can also be used by Significant Other