**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following information will help us determine if you are a candidate for the *ReShape®* Dual Balloon procedure. If you check a box, it does not necessarily mean you should not have the procedure, it just means additional questions may be asked.

**Please check the box if you currently have or have experienced:**

* Prior gastrointestinal surgery
* Prior bariatric surgery
* Any inflammatory disease of the GI tract including esophagitis, ulcers, cancer or specific inflammation such as Crohn’s disease
* Upper gastrointestinal bleeding
* A stomach mass
* A hiatal hernia with severe reflux symptoms
* A structural problem in the esophagus
* Bleeding disorders
* Liver disorders such as cirrhosis
* Serious or uncontrolled psychiatric illness
* Alcoholism or drug addiction
* Unwilling to follow a medically-supervised diet and behavior modification program, with routine medical follow-up and nutrition coaching
* Taking prescribed daily aspirin, anti-inflammatory agents, or anticoagulants
* Unable or unwilling to take antacid medication for the duration of the balloon implant period
* Serotonin syndrome while taking antidepressants
* You are currently pregnant or breast-feeding