



MY 1-YEAR LETTER

never forget how far you've come

✓ List of current health problems (ex. diabetes, high blood pressure, sleep apnea, etc.) and current medications:

✓ Other things I want to change or accomplish by 1 year after surgery:

DOCUMENT THE FOLLOWING:

Before surgery:

1 year after surgery:

_____	Shirt size	_____
_____	Pant size	_____
_____	Dress size	_____
_____	Shoe size	_____
_____	Belt hole #	_____
_____	Ring size	_____