Patient Details

Personal Details

Title: ____ Surname: _____ Given name: _____

Address: _____

Suburb: _____ Postcode: _ _ _ _

DOB: ___ / ___ / _____

Mobile: _ _ _ _ _ _ _ _ _ _ Home Phone: _ _ _ _ _ _ _ _ _ _

Email: _____ Work Phone: _ _ _ _ _ _ _ _ _ _

Medicare/Health fund

Medicare Number: _ _ _ _ _ _ _ _ _ _ _ Patient Ref No: _ Expiry: _ _ / _ _ _ _

Hospital Fund: _____ Membership Number: _____

Level of Cover: _____ Have you served waiting period: _____

DVA: Status: _____ Number: _____

If this is a Work Cover/TAC Claim please provide details: _____

_____

Next of Kin

Surname: _____ Given Name:_____

Contact number: _____ Relationship: _____

Medical History

Do you have Reflux or Heartburn?	☐ Yes	☐ No
Do you have High Blood Pressure?	☐ Yes	☐ No
Are you a Type 1 Diabetic?	☐ Yes	☐ No
Are you a Type 2 Diabetic?	☐ Yes	☐ No
If yes, are you on... ☐ Medication ☐ Insulin ☐ Both		
Do you have a history of Heart Disease?	☐ Yes	☐ No
Details:		
Do you have any Respiratory / Breathing Problems?	☐ Yes	☐ No
Details:		
Do you have Sleep Apnoea?	☐ Yes	☐ No
If yes, do you use a CPAP machine?	☐ Yes	☐ No
Are you a current smoker?	☐ Yes	☐ No
If yes, how many do you smoke a day?		
Are you a past smoker?	☐ Yes	☐ No
If yes, when did you cease?		
Do you drink alcohol?	☐ Yes	☐ No
If yes, volume: Frequency:		

Do you have a pace maker or internal defibrillator? ☐ Yes ☐ No
Details:

Have you had previous weight loss surgery with another surgeon? ☐ Yes ☐ No
Details:

Have you had any other previous surgeries? E.g. gallbladder removal. ☐ Yes ☐ No
Details:

Do you have any other medical conditions? ☐ Yes ☐ No
Details:

Current height and weight?
Height (cm) _____

Weight (kg) _____

Medications & Allergies

Please list <u>all</u> medications you are currently taking (including herbal & vitamins):

Please list all allergies:

Name:

Weight Loss Questionnaire

Please explain why you are considering weight loss surgery:

Please list other methods of weight loss that you have tried (e.g. diet plans, exercise, surgery):

Name:

Signature: _____ **Date:** ____/____/_____