



Patient Weight Loss & Medical History Questionnaire

NAME: _____ Sex: M F Age: _____

DOB: _____ Home Phone: _____ Work Phone: _____

Current Weight: _____ Current Height _____ BMI _____

Date of Initial Interest Seminar Attended: _____ 1ST Choice for Surgeon: Dr. Boyce
 Dr. Williams

I am interested in: Surgery _____ Medically Supervised Diet _____

INSURANCE INFORMATION

Insurance Name: _____

Does your Health Insurance cover weight loss surgery? _____

If so what Pre-Approval Requirements do they have ?

Pre-Op Weight Loss ? _____ lbs

Medically Supervised Weight Loss Program Required _____, Length of time required _____

Duration of Obesity ? _____ Smoking cessation ? _____

Mental Health Clearance ? _____ Psychological or IQ testing ? _____

Other Requirements ? _____

PREVIOUS ATTEMPTS AT WEIGHT REDUCTION:

How many years have you been overweight? _____

Please estimate your weight at the following times:

Birth: _____

Marriage: _____

Lowest Weight in Past 5 Years: _____

Highest Weight in Past 5 Years: _____

1 st Pregnancy - year _____	start weight _____	weight at delivery _____
2 nd Pregnancy - year _____	start weight _____	weight at delivery _____
3 rd Pregnancy - year _____	start weight _____	weight at delivery _____
4 th Pregnancy - year _____	start weight _____	weight at delivery _____

FOOD PREFERENCES

Rate the following foods from 1 - 5. 1 for don't like very much and 5 for like very much (most likely to make you go off a diet)

_____ soda/soft drinks	_____ French fries	_____ chips/salty snacks
_____ steaks/chops	_____ candy	_____ potatoes
_____ chocolate	_____ pasta	_____ cookies
_____ pizza	_____ cakes/pies	_____ salad dressings
_____ fried foods	_____ bread	

DIET PROGRAMS AND SUPPLEMENTS

Please indicate which of the following diets or plans you have tried:

PROGRAM	DATES	DURATION	MD SUPERVISED?	WEIGHT LOSS
_____ Weight Watchers	_____	_____	_____	_____
_____ Jenny Craig	_____	_____	_____	_____
_____ Metabolife	_____	_____	_____	_____
_____ Medifast	_____	_____	_____	_____
_____ Nutri/System	_____	_____	_____	_____
_____ Atkins Diet	_____	_____	_____	_____
_____ Herbalife	_____	_____	_____	_____
_____ SlimFast	_____	_____	_____	_____
_____ Grapefruit Diet	_____	_____	_____	_____
_____ Liquid Diet	_____	_____	_____	_____
_____ Pritikin Diet	_____	_____	_____	_____
_____ Optifast	_____	_____	_____	_____
_____ T.O.P.S	_____	_____	_____	_____

List any other physicians - supervised Weight loss attempts: _____

WEIGHT-LOSS MEDICATION HISOTRY

Please indicate if you have taken any of the following medications to lose weight

MEDICATION	DATES	DURATION	MD SUPERVISED?	WEIGHT. LOSS
_____ Amphetamines	_____	_____	_____	_____
_____ Phentermine (Adipex, Fastin, Pondimen)	_____	_____	_____	_____

_____ Phen-Fen _____
 _____ Dexfenfluramine _____
 (Redux)
 _____ Xenical _____
 (Orlistat)
 _____ Meridia _____
 (Sibutramine)
 Other Diet Medications: _____

NON-DIETARY THERAPY: Please indicate if you have tried any of the following weight loss therapies.

THERAPY	DATES	DURATION	MD SUPERVISED?	WEIGHT. LOSS
_____ Exercise	_____	_____	_____	_____
_____ Hypnosis	_____	_____	_____	_____
_____ Behavior Modification	_____	_____	_____	_____
_____ Acupuncture	_____	_____	_____	_____

List any other weight loss methods you have tried: _____

PREVIOUS WEIGHT LOSS SURGERY: Yes No

Surgery	Type	Date	Surgeon	Wt. Loss

OBESITY RELATED MEDICAL HISTORY

Do you, or have you had, any of the following illnesses or symptoms?

Cardiovascular Disease

Hypertension / High Blood Pressure

- No indication of Hypertension
- Borderline, no medication
- Diagnosis of hypertension, no medication
- Treatment with single medication
- Treatment with multiple medications
- Poorly controlled by medications, organ damage or dysfunction

Congestive Heart Failure

- No indication of symptoms of congestive heart failure
- Class I: Symptoms with more than ordinary activity
- Class II: Symptoms with ordinary activity
- Class III: Symptoms with minimal activity
- Class IV: Symptoms at rest

Angina Assessment

- No chest pain symptoms / angina
- Anginal chest pain only with extreme exertion (e.g. running, swimming, etc.)
- Anginal chest pain occurs with moderate activity or exertion
- Anginal chest pain with minimal exertion (e.g. walking across a room) or "at rest"
- Unstable Angina
- Previous myocardial infarction by history or by current workup (e.g. wall motion abnormality, etc)

Peripheral Vascular Disease / Poor Circulation

- No symptoms of peripheral vascular disease
- Asymptomatic with bruit
- Claudication, anti-ischemic medication
- Transient Ischemic attack, rest pain
- Procedure for peripheral vascular disease
- Stroke, loss of tissue secondary to ischemia

DVT / PE / Blood Clots

- No history of DVT/PE
- History of DVT resolved with anticoagulation
- Recurrent DVT long term anticoagulation meds
- Previous PE
- Recurrent PE, decreased function and hospitalization
- Vena Cava filter

Lower Extremity Edema / Swelling

- No symptoms of lower extremity edema
- Intermittent lower extremity edema, not requiring treatment
- Symptoms requiring treatment, diuretics, elevation, or hose
- Stasis ulcers
- Disability, decreased function, hospitalization

METABOLIC

Glucose Metabolism

- No symptoms or evidence of diabetes
- Elevated fasting glucose
- Diabetes, controlled with oral medication
- Diabetes, controlled with insulin
- Diabetes, controlled with insulin and oral medication
- Diabetes, with severe complications (retinopathy, neuropathy, renal failure, blindness)

Lipids (Dyslipidemia or Hyperlipidemia) / High Cholesterol

- Not present
- Present, not treatment required
- Controlled with lifestyle change, including step 1 or step 2 diet
- Controlled with single medication
- Controlled with multiple medications
- Not controlled

Gout Hyperuricemia

- No symptoms of gout/hyperuricemia
- Hyperuricemia, no symptoms
- Hyperuricemia, medications
- Arthropathy
- Destructive joints
- Disability, unable to walk

PULMONARY

Obstructive Sleep Apnea Syndrome

- No symptoms or evidence of obstructive sleep apnea syndrome
- Sleep apnea symptoms (negative sleep study or not done)
- Sleep apnea diagnosis by sleep study (no oral appliance)
- Sleep apnea requiring oral appliance such as CPAP
- Sleep apnea with significant hypoxia or oxygen dependent
- Sleep apnea with complications (pulmonary HTN, etc.)

Obesity Hypoventilation Syndrome

- No symptoms of obesity hypoventilation
- Hypoxemia/hypercarbia on room air
- Severe hypoxemia or hypercarbia
- Right heart failure

- Right heart failure – left ventricular dysfunction

Pulmonary Hypertension

- No symptoms or indication of pulmonary hypertension
 Symptoms associated with PH(tiredness, SBO, dizziness, fainting)
 Confirmed PH diagnosis
 Well controlled on anticoagulants and /or calcium channel blockers
 Stronger medications and /or oxygen
 Patient needs or has had lung transplant

Asthma

- No symptoms of asthma
 Intermittent mild symptoms, no medication
 Symptoms controlled with oral inhaler (such as albuterol)
 Well controlled with ongoing daily medication
 Symptoms not well controlled, steroids or anticholinergics
 Hospitalized within last 2 years, history of intubation

GASTROINTESTINAL

GERD / Heartburn

- No symptoms of GERD
 Intermittent or variable symptoms, no medication
 Intermittent medication
 H2 blockers or low dose PPI
 High dose PPI
 Meet criteria for antireflux surgery, or prior surgery for GERD

Cholelithiasis / Gallstones

- No indication of gallstones
 Gallstones with no symptoms
 Gallstones with intermittent symptoms
 Gallstones with severe symptoms or h/o cholecystectomy
 Gallstones with complications requiring immediate surgery prior to gastric bypass
 History of cholecystectomy with ongoing complication not resolved

Liver Disease

- No indication of liver disease
 Hepatomegaly modest, normal LFT's fatty change Category 1
 Modest or greater hepatomegaly, LFT alteration, fatty change Category 2
 Moderate to marked hepatomegaly, fatty change Category 3, mild inflammation, mild fibrosis
 Definite NASH, cirrhosis, hepatic dysfunction by LFT's
 Hepatic failure, transplant indicated or done

MUSCULOSKELETAL

Back Pain

- No symptoms of back pain
 Intermittent symptoms not requiring medical treatment
 Symptoms requiring non-narcotic treatment
 Degenerative changes or positive objective findings, symptoms requiring narcotic treatment
 Surgical intervention done or recommended pending weight loss
 Failed previous surgical intervention with existing symptoms

Musculoskeletal Disease

- No symptoms of musculoskeletal disease
- Pain with community ambulation
- Non-narcotic analgesia required
- Pain with household ambulation
- Surgical Intervention required (ex: arthroscopy)
- Awaiting or past joint replacement or other disability

Fibromyalgia

- No indication of fibromyalgia
- Treatment with exercise
- Treatment with non-narcotic medications
- Treatment with narcotics
- Treatment with narcotics: Surgical intervention done or recommended
- Disabling, treatment not effective

REPRODUCTIVE

Polycystic Ovarian Syndrome

- No indication of polycystic ovarian syndrome
- Symptoms of PCOS, no treatment
- OCP's or anti-androgen Rx
- Metformin or TZD
- Combination therapy
- Infertility

Menstrual Irregularities (not PCOS)

- No indication of menstrual irregularities
- Irregular periods or oligomenorrhea
- Menorrhagia
- Amenorrhea
- Prior total abdominal hysterectomy

PSYCHOSOCIAL

Psychosocial Impairment

- No impairment
- Mild impairment in psychosocial functioning but able to perform all primary tasks
- Moderate impairment in psychosocial functioning but able to perform most primary tasks
- Moderate impairment in psychosocial functioning and unable to perform some primary tasks
- Severe impairment in psychosocial functioning and unable to perform most primary tasks
- Severe impairment in psychosocial functioning and unable to function

Confirmed Mental Health Diagnosis

- None
- Bipolar disorder
- Anxiety/panic disorder
- Personality disorder
- Psychosis

Depression

- No symptoms of depression
- Mild and episodic not requiring treatment
- Moderate, accompanied by some impairment, may require treatment
- Moderate with significant impairment, treatment indicated
- Severe, definitely requiring intensive treatment
- Severe requiring hospitalization

Alcohol Use

- None
- Rare
- Occasional
- Frequent

Tobacco Use

- None
- Rare
- Occasional
- Frequent

Substance Abuse (Prescription or Illegal)

- None
- Rare
- Occasional
- Frequent

General

Stress Urinary Incontinence

- No indication of stress urinary incontinence
- Minimal and intermittent
- Frequent but not severe
- Daily occurrence, requires sanitary pad
- Disabling
- Operation Ineffective

Functional Status

- No impairment of functional status
- Able to walk 200 ft if assisted device (cane/crutch)
- Cannot walk 200 ft with assistance device.
- Requires wheelchair
- Bedridden

Pseudotumor Cerebri

- No symptoms of pseudotumor cerebri
- Headaches with dizziness, nausea, and /or pain behind the eyes, no visual symptoms
- Headaches with visual symptoms and /or controlled with diuretics
- Patient has had MRI to confirm PTC, is well controlled with oral diuretics
- Patient is well controlled with stronger medications
- Patient requires narcotics or has had (or needs) surgical intervention

Abdominal Skin/Pannus

- No symptoms
- Intertriginous irritation
- Pannus so large it interferes with ambulation
- Recurrent cellulitis, ulceration
- Surgical treatment required

Abdominal Hernia

- No hernia
- Asymptomatic hernia, no prior operation
- Symptomatic hernia with or without incarceration
- Successful repair
- Recurrent hernia or size > 15 cm
- Chronic evisceration through large hernia with associated complication or multiple failed hernia repairs

PAST MEDICAL HISTORY

Please list all other medical conditions or illnesses not previously mentioned:

Please list all non-surgical hospitalizations you have experienced as an adult:

Indication	Hospital	Date

Are you allergic to any medications? Yes No

If yes, please list medications and reactions (e.g., rash, breathing difficulty, shock, etc)

SOCIAL HISTORY

Marital Status: Single Married Divorced

Children: Yes No Number: _____

Occupation: _____

Do you use tobacco? Yes No

If yes, number of packs per day: _____ Years of tobacco use: _____

Do you use alcohol? Yes No Amount and frequency: _____

Have you ever been treated for depression? Yes No

Are you currently in treatment? Yes No

If yes, please indicate the name of your physician or therapist:

Have you ever been hospitalized for mental illness? Yes No

REVIEW OF SYSTEMS

Please circle any of the following you experience or have experienced in the past

- Constitutional: fatigue - tiredness - recent weight loss - fever - night sweats - abnormal bleeding
- Head and Neck: blurred vision - double vision - loss of vision - loss of hearing - dizziness - vertigo - sinus congestion - runny nose - sneezing - loss of smell - sinus infections - sore throat - difficulty swallowing - pain when swallowing - hoarseness - lump in neck
- Cardiovascular: chest pain - pain in arms or neck - heart attack - palpitations - heart pounding - abnormal heart beats - heart murmur - stroke - high blood pressure - low blood pressure - pain in legs - cold feet - loss of pulses
- Respiratory: shortness of breath - asthma - wheezing - cough - bloody sputum - emphysema - pneumonia - bronchitis - difficulty sleeping flat - waking at night short of breath
- Gastrointestinal: jaundice - hepatitis - cirrhosis - vomiting - nausea - heartburn - abdominal pain - diarrhea - constipation - pain with bowel movements - blood in stool - change in stool size - hemorrhoids - irritable bowel - colitis
- Genitourinary: blood in urine - frequent urination - leakage of urine - pain with urine - trouble starting urine - kidney stones - kidney infection - bladder infection
Men: discharge from penis - loss of erection
Women: vaginal discharge - abnormal vaginal bleeding - irregular periods - pelvic examination/PAP smear within past year
- Musculoskeletal: pain in joints - muscular aches - swelling of joints - arthritis - pain in hips - pain in knees - pain in ankles - pain in feet - low back pain - sciatica - herniated disk - numbness in feet or legs - abnormal lumps or masses
- Endocrine: hyperthyroid - low thyroid - goiter - previous radiation - diabetes - adrenal gland tumor - previous steroid (corticosteroids, cortisone) use or injections - swollen glands
- Skin/Breast: skin cancer - abnormal moles - burns - rash - breast mass - mammogram within the past year - nipple discharge
- Neurological: seizures - convulsions - fainting - dizziness - light headedness - falling - muscle weakness - numbness - tremors - loss of consciousness - strokes
- Psychological: depression - nervousness - anxiety - suicidal thoughts - suicide attempts - hospitalization for emotional problems - psychiatric or psychological counseling - schizophrenia - anorexia - bulimia - binge eating

The above information is correct to the best of my knowledge: _____
Patient Signature Date

Reviewed By _____
Physician Signature Date