AlfredHealth

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☐ Alfred ☐ Sandringham ☐ Caulfield

BARIATRIC CLINIC SCREENING QUESTIONNAIRE

Last name*				First name/s*	
Date of birth*		Age		Sex at birth: ☐ Female ☐ Male ☐ Other	
Address					

*mandatory fields

Thank you for completing this questionnaire, to support allocating an appointment

Return completed questionnaire to: F 9076 0113 E **bariatric**.program@**alfred**.org.au

(Save questionnaire to your computer to complete electronically)

Patient's age: *There is limited evidence on the effectiveness of bariatric surgery in people aged under 18 years and over 65 years			Years
Patient's BMI (weight / height²): *Suitable candidates for bariatric surgery are those with a BMI greater than 40, or greater than 35 with medically important obesity-related co morbid conditions that could be improved by weight loss			BMI
Cigarettes / vapes / cigars	☐ Yes ☐ No	If yes, quantity per day	
Previous attempts to lose weight: *All appropriate non-surgical measures should have been tried but failed to achieve or maintain adequate, clinically beneficial weight loss			
• Diet and exercise program		☐ Yes	☐ No
• Dietitian consultation		☐ Yes	☐ No
• Participation in formalised weight loss program eg Weight Watchers, Jenny Craig, Lite'n'Easy		☐ Yes	☐ No
• Meal replacement program		☐ Yes	☐ No
• Previous Bariatric Surgery – Barium Swallow & Gastroscopy required prior to referral		☐ Yes	☐ No
Obesity-related comorbid conditions: *Priority will be given to patients with significant chronic diseases that are currently not well treated but which are known to respond well to weight loss			
• Hypertension requiring medication		☐ Yes	☐ No
• Type 2 diabetes mellitus		☐ Yes	☐ No
• Obstructive sleep apnoea		☐ Yes	☐ No
• Pulmonary hypertension		☐ Yes	☐ No
• Obesity hypoventilation syndrome		☐ Yes	☐ No
• Non-alcoholic steatohepatitis (fatty liver)		☐ Yes	☐ No
• Polycystic ovary syndrome		☐ Yes	☐ No
Other			
Surgical risk: *There may be medical contraindications to bariatric surgery			
• Active cancer		☐ Yes	☐ No
• Unstable heart or lung disease		☐ Yes	☐ No
• Advanced liver disease with portal hypertension		☐ Yes	☐ No
• Uncontrolled obstructive sleep apnoea with pulmonary hypertension		☐ Yes	☐ No
• Serious blood or autoimmune disorders		☐ Yes	☐ No
Provide details:			
Mental health and cognitive status: *Patients must be able to give fully informed consent and commit to the program			
• Active psychosis or unstable psychiatric disorder		☐ Yes	☐ No
• Severe untreated depression		☐ Yes	☐ No
• Current alcohol dependence		☐ Yes	☐ No
• Current illicit substance use disorder		☐ Yes	☐ No
• Cognitive or behavioural disorders affecting decision-making		☐ Yes	☐ No
Other			

Referrer details		Date of referral		Provider No	
Name		Address			
Telephone		Email			
Fax		Copies to			

EMR: Assessments_Bariatric Assessments

*Reference: Victorian Government Department "Surgery for morbid obesity: Framework for bariatric surgery in Victoria's public hospitals."

Sept 2024
Source: www.AlfredHealth.org.au

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BARIATRIC CLINIC SCREENING QUESTIONNAIRE

Last name*		First name/s*	

EPWORTH SLEEPINES SCALE (ESS)

3	High chance of dozing off
2	Moderate chance of dozing off
1	Slight chance of dozing off
0	No chance of dozing off

SITUATION	CHANCE OF DOZING OFF
Sitting and reading	
Watching television	
Sitting inactive in a public place (eg a theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstance permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE	

STOP / BANG questionnaire for Obstructive Sleep Apnoea

Snore: do you snore loudly (louder than talking or audible in another room)?	☐ Yes	☐ No
Tired: do you often feel tired, fatigued, or sleepy during daytime	☐ Yes	☐ No
Observed: has anyone observed you stop breathing during your sleep?	☐ Yes	☐ No
Blood Pressure: do you have, or are you being treated for, high blood pressure	☐ Yes	☐ No
BMI: greater than 35? (ie weight (kg) / height $(m)^2$)	☐ Yes	☐ No
Age: are you aged over 50 years	☐ Yes	☐ No
Neck circumference: is your NC greater than 40cm?	☐ Yes	☐ No
Is your sex at birth a male?	☐ Yes	☐ No
TOTAL		

OSA - Low Risk	Yes to 0 - 2 questions
OSA - Intermediate Risk	Yes to 3 - 4 questions
OSA - High Risk	Yes to 5 - 8 questions

Recommendation for referring doctor: If OSA High Risk identified, consider respiratory assessment

EMR: Assessments_Bariatric Assessments

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