AlfredHealth

☐ Alfred ☐ Sandringham ☐ Caulfield

Unit:……

UR:

Family Name

Given Names

Date of Birth

Gender: ☐ Male ☐ Female

BARIATRIC CLINIC
SCREENING ASSESSMENT

Date: ….. / ….. / …..

To assist in screening and allocating an appointment, please complete this assessment and fax to: 9076 0113

Patient Family Name:		Patient Given Name/s	
Patient Address:			
Patient Date of Birth:		Patient Gender	❑ Male ❑ Female

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 / height^2): *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		
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	❑ Yes	❑ No
• 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	❑ Yes	❑ No
• 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 (provide details):		
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 (provide details): (Office use: ESS Score: _____)		

Signature:	Practice stamp:

Scanned to: Outpatients / UGIS

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

Date Created: Jul 2018
Printed From Intranet

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Patient Details

Family Name _____

Given Name _____

DOB: _____ **Gender** ☐ **Male** ☐ **Female**

EPWORTH SLEEPINES SCALE (ESS)

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would *doze off or fall asleep* during different routine daytime situations. Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS). Each item is rated from 0 to 3: with 0 meaning you would never *doze or fall asleep* in a given situation; and 3 meaning that there is a very high chance that you would *doze or fall asleep* in that situation.

How likely are you to *doze off or fall asleep* in the following situations, in contrast to just feeling tired? Even if you haven't done some of the activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation:

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing
It is important that you circle a number (0 to 3) for EACH situation.

SITUATION	**CHANCE OF DOZING**			
Sitting and Reading	**0**	**1**	**2**	**3**
Watching Television	**0**	**1**	**2**	**3**
Sitting inactive in a public place (theatre/meeting)	**0**	**1**	**2**	**3**
As a passenger in a car for an hour without a break	**0**	**1**	**2**	**3**
Lying down to rest in the afternoon	**0**	**1**	**2**	**3**
Sitting and talking to someone	**0**	**1**	**2**	**3**
Sitting quietly after lunch (with no alcohol)	**0**	**1**	**2**	**3**
In a car, while stopped in traffic	**0**	**1**	**2**	**3**

TOTAL SCORE: _____

Note: If the Epworth Sleepiness Score is 15 or greater, consider referral for Respiratory Assessment or a Sleep Study

Dr Name: _____ **Date: ..... / ..... / .....**

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