AlfredHealth

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☐ Alfred ☐ Sandringham ☐ Caulfield

OBESITY MULTIDISCIPLINARY MANAGEMENT CLINIC HEALTH QUESTIONNAIRE

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

*mandatory fields

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

Return completed questionnaire to: F 03 9076 6938 E ommc@alfred.org.au

Enquires: T 03 9076 2025 *(Save questionnaire to your computer to complete electronically)*

Height and weight information		
How tall are you?		cm
What is your current weight?		kg
At what age did you begin to gain significant weight?		years
What has been your highest body weight?		kg

Have you previously tried any of the following to lose weight?		
Dietitian consultation	☐ Yes	☐ No
Formal weight loss program eg *Weight Watchers, Jenny Craig, Lite'n'Easy*	☐ Yes	☐ No
Meal replacement program eg *Optifast, Optislima*	☐ Yes	☐ No
Prescription medications for weight management	☐ Yes	☐ No
Surgery eg sleeve gastrectomy, gastric bypass, gastric banding	☐ Yes	☐ No

Do you have any of the following medical conditions?		
High blood pressure (requiring medication)	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Sleep apnoea	☐ Yes	☐ No
If yes, do you use a device to help you breathe at night (eg, CPAP)	☐ Yes	☐ No
Heart conditions eg heart attack, angina, atrial fibrillation	☐ Yes	☐ No
Lung conditions eg asthma	☐ Yes	☐ No
Fatty liver or other liver conditions	☐ Yes	☐ No
Kidney conditions	☐ Yes	☐ No
Mental health conditions	☐ Yes	☐ No
Arthritis	☐ Yes	☐ No
List any other medical conditions		
List any medications you currently take		

Smoking and alcohol information		
Do you smoke or vape?	☐ Yes	☐ No
Do you drink alcohol?	☐ Yes	☐ No