



Bariatric Surgery Referral

U.R Number
 Surname
 Given Name(s)
 Date of Birth

AFFIX PATIENT LABEL HERE



Height.....cm	Weight.....kg	BMI.....	Edmonton Obesity Staging System (EOSS) (office use)
Patient's BMI (weight/height²) *Suitable candidates for bariatric surgery are those with a BMI greater than 40, or greater than 35 with 2 or more medically important obesity-related morbid conditions that could be improved by weight loss			

Patient's age *There is limited evidence on the effectiveness of bariatric surgery in people aged under 18 years and over 65 yearsyears

Previous attempts to lose weight *Please tick all appropriate non-surgical measures that have been tried but failed to achieve or maintain adequate, clinically beneficial weight loss

	Yes	No
<input type="checkbox"/> Self <input type="checkbox"/> Dietitian <input type="checkbox"/> Formal Weight Loss Program <input type="checkbox"/> Previous Weight Loss Surgery	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hypertension Yes No

Hyperlipidaemia Yes No

Type 2 Diabetes Mellitus – Diet controlled Oral Hypoglycaemics Insulin Yes No

Obstructive Sleep Apnoea Yes No

If yes, does patient use CPAP – All referrals must have a complete OSA Risk Assessment Yes No

Ischaemic Heart Disease Yes No

Respiratory Disease. If yes, please specify..... Yes No

Fatty Liver Yes No

Polycystic Ovary Syndrome Yes No

Renal Impairment. If yes, please specify..... Yes No

Peripheral Vascular Disease Yes No

Musculoskeletal / Joint Disease Yes No

Mobility - Ambulant Stick Frame Wheelchair

Other.....

Surgical Risk Yes No

Current Smoker Ex-smoker (when ceased) Actively trying to quit Yes No

End Stage Cardiac Disease Yes No

End Stage Renal Disease Yes No

Advanced Liver Disease with Portal Hypertension Yes No

End Stage Vascular Disease Yes No

Active Psychosis or Unstable Depression Yes No

Active Alcohol / Drug Dependence Yes No

Cognitive or Behaviour Disorders affecting decision making Yes No

Functional Status - Independent Supported Fully Dependent

Please fax this form along with a copy of the following blood test results and a current medication list to the Austin Hospital on 9496 2980

Referral must include –
 FBE, U&E, LFT, Calcium, Magnesium, Phosphate, HbA1c, Fasting BSL and Insulin, fasting cholesterol and triglycerides, B12, folate, Iron, Thyroid Function Test, Parathyroid Hormone, Vitamin D Level, Latest Respiratory Function Tests, Sleep Study report if patient meets criteria on page 2 of this form.

Practice stamp

Bariatric Surgery Referral

CO.14



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Obstructive Sleep Apnoea (OSA) Assessment Tools – This section must be completed as part of the Bariatric Surgery Assessment Referral. Incomplete forms will not be accepted and returned for completion. A patient who scores 5 or more on the STOP-Bang Questionnaire OR has an ESS score of 8 or more have a high risk of OSA. Referrer must refer for sleep studies and include the report with this referral.

Referred Date.....

STOP-Bang Questionnaire (Copyright © Toronto Western Hospital, University Health Network / University of Toronto 2012)

1. Snoring – Do you snore loudly (loud enough to be heard through closed doors)?	
Yes	No
2. Tired – Do you often feel tired, fatigued, or sleepy during daytime?	
Yes	No
3. Observed – Has anyone observed you stop breathing during your sleep?	
Yes	No
4. Blood Pressure – Do you have or are you being treated for high blood pressure?	
Yes	No
5. BMI – BMI more than 35 kg m ⁻² ?	
Yes	No
6. Age – Aged over 50 years old?	
Yes	No
7. Neck circumference – Neck circumference >40cm?	
Yes	No
8. Gender – Male?	
Yes	No

Epworth Sleepiness Scale (ESS) (Copyright © M.W. Johns 1990-1997)

<p>How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you have not done some of these activities recently, think about how they would affect you.</p>	<p>Use this scale to choose the most appropriate number for each situation. You must circle a number for EACH situation.</p> <p>0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing</p>
Total Score	

Situation	Chance of dozing			
	0	1	2	3
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public space (theatre / meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying resting 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, stopped in traffic	0	1	2	3

Dr Johns permits the use of the ESS by individual people (including clinicians and researchers) free of charge

