

## WEIGHT LOSS PATIENT INFORMATION SHEET

### HOW DID YOU HEAR ABOUT US?

GP- Internet/Google – Friends/Relatives- other.....

Name.....

Date of birth/Age:.....Country of birth.....

Medicare No.....Exp.....Reference.....(left side of name)

Address.....

Email..... Phone/Mobile.....

Local GP .....

Health Fund.....Member No.....

**Are you covered for bariatric/weight loss surgery  
(YOU MUST BE IN TOP COVER/GOLD LEVEL)**

Please check with your fund for cover using items **31584, 31575, 31581, 31572.**

Yes/No Signature.....

**CURRENT WEIGHT** (kg)-----Height.....BMI.....

What would you like your weight to be.....

Previous strategies/diets used to help you lose weight.....

**PAST MEDICAL HISTORY-** Do you have, or have you had, any of the following?

Diabetes     High blood pressure     High cholesterol     Lung disease

Heart disease     Vitamin D deficiency     Asthma     Sleep apnoea

DO YOU USE A CPAP/BiPAP machine?

**Dr. SULMAN AHMED** MBBS (syd.) MS (syd.) FRACS  
 Hepatobiliary & General Surgery-Weight loss and metabolic surgery  
 Gastroscopy, Colonoscopy, Laparoscopic Hernia, Gallbladder surgery • ERCP  
 Nepean Public ,Nepean Private and Sydney Adventist Hospitals  
 Provider No: 222836UH. ABN: 15610929114

PO Box 1161, Penrith 2751  
 40 Colless Street, Penrith, 2750  
 Phone (02) 4721 7533 Fax (02) 47217759  
[reception@nepeansurgery.com.au](mailto:reception@nepeansurgery.com.au)  
[www.nepeanweightloss.com.au](http://www.nepeanweightloss.com.au)

- Arthritis/joint pain                       Anxiety                       Depression
- Gastro-oesophageal reflux disease (GORD)
- History of blood clots or bleeding disorders
- Cancer, what kind?.....
- Crohn’s disease, colitis or bloody diarrhoea    Irritable bowel syndrome
- Gallbladder surgery    Hepatitis B/C    HIV    Polycystic ovarian syndrome (PCOS)

Do you smoke?       Yes    No      If yes, how many?      \_\_\_\_\_

Do you drink alcohol?       Yes    No      If yes, how much?      \_\_\_\_\_

**List all operations / procedures/weight loss procedures that you have had and when they were performed:**

Surgery/Procedure:	Surgeon:	Date:

**Family Medical History-Mother/Father/siblings etc**

.....

.....

**Dr. SULMAN AHMED** MBBS (syd.) MS (syd.) FRACS  
Hepatobiliary & General Surgery-Weight loss and metabolic surgery  
Gastroscopy, Colonoscopy, Laparoscopic Hernia, Gallbladder surgery • ERCP  
Nepean Public ,Nepean Private and Sydney Adventist Hospitals  
Provider No: 222836UH. ABN: 15610929114

---

PO Box 1161, Penrith 2751  
40 Colless Street, Penrith, 2750  
Phone (02) 4721 7533 Fax (02) 47217759  
[reception@nepeansurgery.com.au](mailto:reception@nepeansurgery.com.au)  
[www.nepeanweightloss.com.au](http://www.nepeanweightloss.com.au)

**Allergies**.....

Circle any of these medications if you take them: **Aspirin/Warfarin/Iscover/Plavix/Clopidogrel:**

<b>Other Medications including birth control pills and vitamins:</b>

Last menstrual cycle date..... Menopause Yes/No (women only)

Problems with anaesthesia

**Dr. SULMAN AHMED** MBBS (syd.) MS (syd.) FRACS  
Hepatobiliary & General Surgery-Weight loss and metabolic surgery  
Gastroscopy, Colonoscopy, Laparoscopic Hernia, Gallbladder surgery • ERCP  
Nepean Public ,Nepean Private and Sydney Adventist Hospitals  
Provider No: 222836UH. ABN: 15610929114

---

PO Box 1161, Penrith 2751  
40 Colless Street, Penrith, 2750  
Phone (02) 4721 7533 Fax (02) 47217759  
[reception@nepeansurgery.com.au](mailto:reception@nepeansurgery.com.au)  
[www.nepeanweightloss.com.au](http://www.nepeanweightloss.com.au)

**Please note:**

- **Due to Privacy Laws you are required to agree that we can report back to your GP and other doctors (if required) about your medical health.**
- **If you are a *PRIVATE PATIENT*, the operation will be performed by Dr Sulman Ahmed in a PRIVATE hospital, an operation date will be given and you will be given a quote of the costs involved.**
- **If you do not have *PRIVATE HEALTH INSURANCE* but elect to be a self-funded *PRIVATE PATIENT* in a PRIVATE hospital, we can provide a quote for the costs involved and Dr Ahmed will perform the surgery and an operation date will be given.**

I hereby give authority for my medical records to be forwarded to other medical practitioners and allied health professionals in relation to my medical condition.

Signature .....Date.....

NAME.....