PATIENT INFORMATION

OPERATION FORM

ID: _____

BARIATRIC SURGERY REGISTRY

v8.6 4/2016

Place **PATIENT DETAILS label here**

and/or

If any patient details are not available on the hospital label please complete below

Surname _____ **Gender** _____

Given Name _____ **DOB** _____

Address _____

_____ **Postcode** _____

Hospital MR # _____ **Home Ph** _____

Medicare # _____ / **Mobile Ph** _____

Name of Hospital _____ State _____

Name of Surgeon _____

Operation Date _____

Patient height _____ cms

Pre-op weight _____ kgs (if different from op weight)

Patient op weight _____ kgs

Diabetes ❑ Yes **(answer below)** ❑ No

If Yes, Diabetes Treatment

(tick one)

- ❑ Diet/ Exercise
- ❑ Non-insulin therapy (single)
- ❑ Non-insulin therapy (multiple)
- ❑ Insulin
- ❑ Not stated

Procedure status:

- ❑ **Primary bariatric procedure**
- ❑ Procedure abandoned

Current procedure:

- ❑ Gastric Banding
- ❑ Gastroplasty
- ❑ R-Y gastric bypass
- ❑ Single anastomosis gastric bypass
- ❑ Sleeve gastrectomy
- ❑ Biliopancreatic bypass/ Duodenal switch
- ❑ Gastric imbrication
- ❑ Gastric imbrication, plus band (iBand)
- ❑ Other (specify) _____

OR

- ❑ **Revision bariatric procedure**
- ❑ Procedure abandoned

Last Bariatric procedure:

- ❑ Gastric Banding
- ❑ Gastroplasty
- ❑ R-Y gastric bypass
- ❑ Single anastomosis gastric bypass
- ❑ Sleeve gastrectomy
- ❑ Biliopancreatic bypass/ Duodenal switch
- ❑ Gastric imbrication
- ❑ Gastric imbrication, plus band (iBand)
- ❑ Other (specify) _____

If Unplanned Revision, reason for revision

Current Procedure

❑ Unplanned **OR** ❑ Planned

Current Procedure Type

- ❑ Gastric Banding
- ❑ Gastroplasty
- ❑ R-Y gastric bypass
- ❑ Single anastomosis gastric bypass
- ❑ Sleeve gastrectomy
- ❑ Biliopancreatic bypass/ Duodenal switch
- ❑ Gastric imbrication
- ❑ Gastric imbrication, plus band (iBand)
- ❑ Port revision
- ❑ Surgical reversal
- ❑ Other (specify) _____

Device tracking (attach sticker or fill in):

Type: _____

Model: _____

S/N: _____

Concurrent:

- ❑ Renal transplant
- ❑ Liver transplant

Please return form to **BSR Data Officer, 6th Floor, The Alfred Centre, 99 Commercial Road, Melbourne 3004, or FAX to: 03 9903 0717**