

**Demographic Information**

Chart Number \_\_\_\_\_

Year of Birth \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Race (check all that apply)  African American  Asian  Caucasian  Hispanic  Native American  Other  Pacific Islander / HawaiianGender  Male  Female Employment  Full time  Part time  Self employed  Homemaker  Student  Retired  Disabled  Unemployed  Not specified

Country \_\_\_\_\_ State \_\_\_\_\_

Patient Participating in BOLD study for research?  Yes  No**Insurance Information**Surgery Payment Method (check all that apply)  Private insurance  Medicare  Medicaid  Other government insurance  Self pay  Charity

Does the patient's insurance company require any of the following prior to certification? (select all that apply)

- Medically supervised weight loss program  Preoperative weight loss  Mental health clearance
- < 3 months  3-6 months  7-12 months  > 12 months  lbs  kgs

**Previous Bariatric Surgeries**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Biliopancreatic diversion (BPD) | <input type="checkbox"/> Gastric band, adjustable                 | <input type="checkbox"/> Gastric bypass (Roux-en-Y) with distal Gastrectomy, laparoscopic   |
| <input type="checkbox"/> BPD with duodenal switch        | <input type="checkbox"/> Gastric band, non-adjustable             | <input type="checkbox"/> Gastric bypass (Roux-en-Y) with distal Gastrectomy, open <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Gastrectomy                     | <input type="checkbox"/> Gastric bypass (Roux-en-Y), laparoscopic | <input type="checkbox"/> Gastric bypass, banded <input type="checkbox"/> Gastric pacing <input type="checkbox"/> Sleeve gastrectomy                 |
|  | <input type="checkbox"/> Gastric bypass (Roux-en-Y), open         | <input type="checkbox"/> Gastric bypass, mini loop <input type="checkbox"/> Intestinal bypass <input type="checkbox"/> Vertical banded gastroplasty |

Year(s) \_\_\_\_\_ If Other: \_\_\_\_\_

Original Weight \_\_\_\_\_  lbs  kgs  Estimated  Actual Lowest Weight Achieved \_\_\_\_\_  lbs  kgs  Estimated  Actual

Surgeon(s) \_\_\_\_\_ (Enter "Other" if not a COE surgeon with your program.)

Were there any complications?  Yes  No**Complications associated with Previous Bariatric Surgery:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> NONE   | <input type="checkbox"/> Death from cardiac Failure                                   | <input type="checkbox"/> Injury of spleen   | <input type="checkbox"/> Pouch dilation  |
| <input type="checkbox"/> Acute asthma exacerbation                          | <input type="checkbox"/> Death from pulmonary embolus                                 | <input type="checkbox"/> Injury of stomach  | <input type="checkbox"/> Procedure intolerance requiring reversal                              |
| <input type="checkbox"/> Adrenal insufficiency                              | <input type="checkbox"/> Death from suicide   | <input type="checkbox"/> Internal hernia  | <input type="checkbox"/> Protein deficiency / protein malnutrition                             |
| <input type="checkbox"/> Alopecia   | <input type="checkbox"/> Death indeterminate  | <input type="checkbox"/> Internal obstruction   | <input type="checkbox"/> Psychosis   |
| <input type="checkbox"/> Anastomotic, hemorrhage                            | <input type="checkbox"/> Decubitus ulceration of skin / underlying tissues            | <input type="checkbox"/> Intolerance, device related                                      | <input type="checkbox"/> Pulmonary embolism  |
| <input type="checkbox"/> Anastomotic, leakage                               | <input type="checkbox"/> Deep venous thrombosis                                       | <input type="checkbox"/> Intra-abdominal abscess  | <input type="checkbox"/> Renal calculus / kidney stone   |
| <input type="checkbox"/> Anemia, cause other than iron deficiency           | <input type="checkbox"/> Dehiscence   | <input type="checkbox"/> Iron deficiency / resulting anemia                               | <input type="checkbox"/> Renal failure   |
| <input type="checkbox"/> Angina   | <input type="checkbox"/> Dehydration  | <input type="checkbox"/> Lead malfunction or displacement                                 | <input type="checkbox"/> Respiratory failure   |
| <input type="checkbox"/> Anoxic brain injury                                | <input type="checkbox"/> Deterium (altered mental status)                             | <input type="checkbox"/> Liver failure  | <input type="checkbox"/> Rhabdomyolysis  |
| <input type="checkbox"/> ARDS / non-cardiogenic pulmonary edema             | <input type="checkbox"/> Diarrhea   | <input type="checkbox"/> Magnesium deficiency   | <input type="checkbox"/> Roux limb, ischemia   |
| <input type="checkbox"/> Arrhythmia   | <input type="checkbox"/> Drug reaction  | <input type="checkbox"/> Malfunction, device related                                      | <input type="checkbox"/> Roux limb, obstruction  |
| <input type="checkbox"/> Atelectasis  | <input type="checkbox"/> Electrolyte imbalance requiring treatment                    | <input type="checkbox"/> Mesenteric arterial thrombosis                                   | <input type="checkbox"/> Sepsis from anastomotic leak  |
| <input type="checkbox"/> Bacteremia   | <input type="checkbox"/> Erosion  | <input type="checkbox"/> Mesenteric ischemia  | <input type="checkbox"/> Sepsis from other abdominal source                                    |
| <input type="checkbox"/> Bleeding / hemorrhage, intra-abdominal             | <input type="checkbox"/> Esophageal dilation  | <input type="checkbox"/> Mesenteric ischemia / bowel ischemia / infarction                | <input type="checkbox"/> Severe weakness / motor dysfunction, including Guillen-Barre syndrome |
| <input type="checkbox"/> Blindness  | <input type="checkbox"/> Evisceration   | <input type="checkbox"/> Mesenteric venous thrombosis, e.g. portal                        | <input type="checkbox"/> Slippage, gastric band, adjustable                                    |
| <input type="checkbox"/> Calcium deficiency / osteopenia / osteoporosis     | <input type="checkbox"/> Fluid leak   | <input type="checkbox"/> Multi-system organ failure                                       | <input type="checkbox"/> Slippage, gastric band, non-adjustable                                |
| <input type="checkbox"/> Cardiac arrest                                     | <input type="checkbox"/> Folate deficiency  | <input type="checkbox"/> Myocardial infarction  | <input type="checkbox"/> Slippage, gastric bypass, banded                                      |
| <input type="checkbox"/> Cholecystitis                                      | <input type="checkbox"/> Gall stones  | <input type="checkbox"/> Nausea / vomiting  | <input type="checkbox"/> Stricture   |
| <input type="checkbox"/> Common bile duct obstruction                       | <input type="checkbox"/> Gastroesophageal reflux disease                              | <input type="checkbox"/> Neisidioblastosis / hyperinsulinemia                             | <input type="checkbox"/> Stroke / cerebrovascular accident                                     |
| <input type="checkbox"/> Death caused by sepsis from an anastomotic leak    | <input type="checkbox"/> Gastrogastric fistula / gastric pouch staple line disruption | <input type="checkbox"/> Nerve injury   | <input type="checkbox"/> Superficial phlebitis   |
| <input type="checkbox"/> Death caused by sepsis from other abdominal source | <input type="checkbox"/> GI bleeding  | <input type="checkbox"/> Neuropathy   | <input type="checkbox"/> Surgical site infection   |
| <input type="checkbox"/> Death due to accident                              | <input type="checkbox"/> Heart failure and/or pulmonary edema                         | <input type="checkbox"/> Nutritional support required via TPN                             | <input type="checkbox"/> Surgical wound infection / soft tissue abscess                        |
| <input type="checkbox"/> Death due to bowel obstruction                     | <input type="checkbox"/> Hemodialysis   | <input type="checkbox"/> Nutritional support required, Enteral nutrition via feeding tube | <input type="checkbox"/> Systemic inflammatory response syndrome                               |
| <input type="checkbox"/> Death due to cerebrovascular accident (stroke)     | <input type="checkbox"/> Hernia, surgical incision site                               | <input type="checkbox"/> Obstruction  | <input type="checkbox"/> Thyroid dysfunction – hyper or hypo                                   |
| <input type="checkbox"/> Death due to evisceration                          | <input type="checkbox"/> Hyperglycemia  | <input type="checkbox"/> Obstruction, device related                                      | <input type="checkbox"/> Ulcer   |
| <input type="checkbox"/> Death due to myocardial infarction                 | <input type="checkbox"/> Hyperparathyroidism  | <input type="checkbox"/> Open conversion from minimal access procedure                    | <input type="checkbox"/> Urinary infection   |
| <input type="checkbox"/> Death due to other cause                           | <input type="checkbox"/> Hypoglycemia   | <input type="checkbox"/> Other  | <input type="checkbox"/> Vitamin A deficiency  |
| <input type="checkbox"/> Death due to pneumonia                             | <input type="checkbox"/> Hypovolemia  | <input type="checkbox"/> Pancreatitis, all other etiologies                               | <input type="checkbox"/> Vitamin B1 (thiamin) deficiency -- Peripheral neuropathy              |
| <input type="checkbox"/> Death due to respiratory failure, including ARDS   | <input type="checkbox"/> Infection, device related                                    | <input type="checkbox"/> Pancreatitis, gallstone etiology                                 | <input type="checkbox"/> Vitamin B1 (thiamin) deficiency -- Wernicke-Korsakoff syndrome        |
| <input type="checkbox"/> Death from bleeding                                | <input type="checkbox"/> Injury of esophagus  | <input type="checkbox"/> Panniculitis   | <input type="checkbox"/> Vitamin B12 deficiency  |
|   | <input type="checkbox"/> Injury of intestine, including duodenum, jejunum, colon      | <input type="checkbox"/> Paralytic Ileus  | <input type="checkbox"/> Vitamin D deficiency  |
|   | <input type="checkbox"/> Injury of liver  | <input type="checkbox"/> Pleural effusion   | <input type="checkbox"/> Vitamin E deficiency  |
|   | <input type="checkbox"/> Injury of pancreas   | <input type="checkbox"/> Pneumonia  | <input type="checkbox"/> Vitamin K deficiency  |
|   |   | <input type="checkbox"/> Pneumothorax   | <input type="checkbox"/> Wound complications   |
|   |   |   | <input type="checkbox"/> Zinc deficiency   |

If Other: \_\_\_\_\_

**Previous Non-Bariatric Surgeries**

- |  |  |   |  |  |                                    |
|--|--|---|--|--|------------------------------------|
| <input type="checkbox"/> Anti-reflux procedure | <input type="checkbox"/> Breast cancer, biopsy     | <input type="checkbox"/> CABG             | <input type="checkbox"/> Hip replacement                 | <input type="checkbox"/> Nissen fundoplication         | <input type="checkbox"/> Vasectomy |
| <input type="checkbox"/> Appendectomy          | <input type="checkbox"/> Breast cancer, mastectomy | <input type="checkbox"/> Cesarean section | <input type="checkbox"/> Hysterectomy (+/- oophorectomy) | <input type="checkbox"/> Peripheral vascular procedure |                                    |
| <input type="checkbox"/> Bowel resection       | <input type="checkbox"/> Breast cancer, radiation  | <input type="checkbox"/> Cholecystectomy  | <input type="checkbox"/> Knee replacement                | <input type="checkbox"/> Tubal ligation                |                                    |
|  |  | <input type="checkbox"/> Discetomy        | <input type="checkbox"/> Laminectomy                     | <input type="checkbox"/> Vagotomy                      |                                    |

SIGNATURE \_\_\_\_\_

Print name of person completing form

Signature of person completing form