

**UNIVERSITY of TEXAS MINIMALLY INVASIVE SURGEONS of TEXAS  
BARIATRIC PATIENT HISTORY QUESTIONNAIRE**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>	
<b>Gender:</b> Male Female <b>Marital Status:</b> Single Married Widowed Divorced Separated Partnered		
<b>Ethnicity:</b> African American Arabic Asian Caucasian Hispanic Native American Other:		
<b>Level of Education:</b>	<b>Religious Preference:</b>	
<b>Employment Status:</b> Full-Time Part-Time Retired Disabled Housewife Student Unemployed		
<b>Employer:</b>	<b>Occupation:</b>	
<b>Years Employed:</b>	<b>If Disabled, specify the year and the cause:</b> Year: Cause:	
<b>Spouse Name:</b>	<b>Employment Status:</b>	
<b>Spouse's Employer:</b>	<b>Years Employed:</b>	

**CONTACT INFORMATION:**

<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email Address:</b>		
<b>Home Phone:</b>	Is it OK to leave a message at this number? <b>Yes</b> or <b>No</b>	
<b>Work Phone:</b>	Is it OK to leave a message at this number? <b>Yes</b> or <b>No</b>	
<b>Mobile Phone:</b>	Is it OK to leave a message at this number? <b>Yes</b> or <b>No</b>	
<b>Emergency Contact #1:</b>	<b>Phone:</b>	
<b>Emergency Contact #2:</b>	<b>Phone:</b>	
<b>Primary/ Referring Doctor:</b>	<b>Phone:</b>	

**INSURANCE:**

<b>Primary Insurance Company:</b>	
<b>Member ID:</b>	<b>Group Number:</b>
<b>Insurance Co. Phone:</b>	<b>Policy Holder's Employer:</b>
<b>Policy Holder's Name:</b>	<b>Policy Holder's Date of Birth:</b>
<b>Relationship to Policy Holder:</b>	
<b>Secondary Insurance:</b>	
<b>Member ID:</b>	<b>Group Number:</b>
<b>Insurance Co. Phone:</b>	<b>Policy Holder's Employer:</b>
<b>Policy Holder's Name:</b>	<b>Policy Holder's Date of Birth:</b>
<b>Relationship to Policy Holder:</b>	

**QUESTIONNAIRE**

<b>Preferred Surgeon:</b>	Bajwa	Mehta	Shah	Snyder	Walker	E. Wilson	T. Wilson	No Preference
<b>Preferred Procedure:</b>								
<b>How did you hear about us:</b>	Newspaper	Other Patient	Physician	UTMIST.com				
UTPhysicians.com	<a href="https://med.uth.edu/surgery/">https://med.uth.edu/surgery/</a>	MISTWEST.com	Television					

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**Medical History**

**Medicines**

Y	N	Diabetes Mellitus, Type II, controlled 250.00	
Y	N	Uncontrolled 250.02	
Y	N	High Blood Pressure 401.9 controlled	
Y	N	Uncontrolled (more than 140/90)	
Y	N	Hyperlipidemia 272.4	
Y	N	Obstructive Sleep Apnea; Y N CPAP	
Y	N	Sleep Study Year _____ 327.23	
Y	N	Cardiomyopathy of Obesity 425.11	
Y	N	Obesity Hypoventilation Syndrome 278.03	
Y	N	Fatty Liver Disease of Obesity 571.8	
Y	N	Pseudotumor Cerebri 348.2	
Y	N	Osteoarthritis Knee 716.96, Hip 716.95 Ankle 716.97; Shoulder 716.90 Neck 716.98	
Y	N	Heart Attack 412	
Y	N	Stroke (TIA or CVA) V12.54	
Y	N	Gastroesophageal Reflux Disease 530.81	
Y	N	Asthma 493.90	
Y	N	Hypothyroidism 244.9	
Y	N	Bleeding Disorders V12.3	
Y	N	Seasonal Allergies 477.9	
Y	N	Colonoscopy, Year _____	
Y	N	Chronic Kidney Disease or Dialysis	
Y	N	Hypercholesterolemia 272.0	
Y	N	Hepatitis A / B / C	
Y	N	Plantar Fasciitis	
Y	N	Seizures	
Y	N	Hemorrhoids	
Y	N		
Y	N		
Y	N		
Y	N		

**Mental Health History**

**Medicines**

Y	N	Anxiety 300.02	
Y	N	Depression 296.30	
Y	N	Bipolar disorder 296.80	
Y	N	Eating Disorder V11.8	
Y	N	Attention Deficit Disorder	
Y	N		
Y	N		
Y	N		

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**Gynecological/Urological History**

**Medicines**

Y	N	Number of Pregnancies _____ Children _____	
Y	N	Heavy Menses	
Y	N	Infertility	
Y	N	Urinary incontinence	
Y	N	Erectile Dysfunction	
Y	N	Kidney Stones	
Y	N	Prostate Problems / BPH/ Cancer	

**Previous Surgeries (Please circle and fill in if not listed)**

Inguinal Hernia	Left	Right		Cataracts	Gallbladder	Cesarean Section
Breast Biopsy	Left	Right		Pacemaker	Heart Valve	Tubal Ligation
Mastectomy	Left	Right		Heart Bypass	Heart Stents	Hysterectomy
Knee Surgery	Left	Right		Thyroid	Dialysis Graft	Tonsillectomy
Shoulder	Left	Right		Back Surgery	Neck Surgery	Reflux Surgery
Hip Surgery	Left	Right		Abdominal or Incisional Hernia		
				Cosmetic or Plastic Surgery		

**Family Medical History (Please circle and fill in if not listed)**

Hypertension	Diabetes	Obesity	Bleeding disorders	Heart Disease	
Breast Cancer	Colon Cancer	Lung Cancer	Cervical Cancer	Prostate Cancer	

**Allergies**

Medicines	Food	Others

**Previous Weight History**

Weight	Weight
At Age 10	At age 35
At age 20	At age 40
At age 25	At age 45
At age 30	At age 50

**Social History**

**Smoking**    Never   Yes    No    \_\_\_Packs per day                      **Chewing Tobacco**    Never   Yes    No

**Alcohol**    Never   Yes    No    Occasional/ Daily/ Heavy                      **Other Substances**    Y    N

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## BARIATRIC PATIENT HISTORY QUESTIONNAIRE

### WEIGHT HISTORY:

<b>What are the reasons for overeating?</b>			
Physical Hunger	Loneliness	Makes me happy	Anxiousness
Bored	Angry	Tired	Frustrated
<b>What reasons do you contribute to being overweight?</b>			
Inactivity	Emotional wellbeing	Overeating	
<b>Have you used any of the following to control your weight?</b>			
Bingeing or Purging	Bingeing followed by food restriction	Diuretics	Laxatives Vomiting

### MEDICAL HISTORY

<b>MENTAL HEALTH HISTORY</b>		
Hospitalization for psychiatric problems or mental health issues?	<b>Y</b>	<b>N</b>
Have you ever been in a Mental Health Facility or Hospital?	<b>Y</b>	<b>N</b>
Have you ever attempted suicide?	<b>Y</b>	<b>N</b>
Do you have a history of emotional, physical, mental, substance abuse?	<b>Y</b>	<b>N</b>
Have you ever seen a psychiatrist, psychologist, or counselor?	<b>Y</b>	<b>N</b>
Are you currently seeing a psychiatrist, psychologist, or counselor?	<b>Y</b>	<b>N</b>
Have you ever taken medications for psychiatric or mental health issues?	<b>Y</b>	<b>N</b>
Have you ever been in a chemical dependency or rehabilitation program?	<b>Y</b>	<b>N</b>
Any other psychiatric or mental health problems?	<b>Y</b>	<b>N</b>

### PREVIOUS BARIATRIC SURGERIES

Vertical Banded Gastroplasty (VGB)	<b>Y</b>	<b>N</b>
Gastric Bypass, Roux En Y Gastric Bypass, Open or Laparoscopic	<b>Y</b>	<b>N</b>
Molina Band	<b>Y</b>	<b>N</b>
Adjustable Gastric Band: REALIZE BAND LAP BAND	<b>Y</b>	<b>N</b>
Gastric Sleeve, Open or Laparoscopic	<b>Y</b>	<b>N</b>
FOBI Band	<b>Y</b>	<b>N</b>
BilioPancreatic Diversion (BPD) / Duodenal Switch	<b>Y</b>	<b>N</b>

### LIFESTYLE

<b>On a scale of 1 to 5 (1-least satisfied/5-very satisfied), Rate the following situations in your life:</b>					
Married Life	1	2	3	4	5
Present Job	1	2	3	4	5
Overall Satisfaction with your self	1	2	3	4	5
<b>What hobbies do you have that are important to you?</b>					
<b>How many hours of TV per day do you watch?</b>					
<b>Why do think you have not been able to lose weight?</b>					
<b>What are your motivations for seeking this type of intervention for weight loss control?</b>					

Resident/Fellow \_\_\_\_\_ Attending: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_