Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre sa

Centre for Metabolic and Bariatric Surgery

VICTORIA GENERAL HOSPITAL

Please complete and send to:
Victoria General Hospital
2340 Pembina Hwy, Winnipeg, MB R3T 2E8
Phone: (204) 477-3540 Fax: (204) 477-3299

Patient Information

Patient Name:_____
Health Care Number:_____
Date of Birth: _____Age:_____
Gender: ❒Male ❒Female
Address:_____
_____
_____
Home Phone:_____
Alt. No :_____

Physician Information (please use stamp)

Physician's Name: _____
Physicians Signature:_____
Date:_____
Copy Report to (please print): _____

Clinical Information

Weight: _____Kg Height: _____cm BMI: _____

Health History:

Hypertension _____ ❒Yes❒ No
Coronary Artery Disease _____ ❒Yes❒ No
Diabetes Mellitus _____ ❒Yes❒ No
Dyslipidemia _____ ❒Yes❒ No
Sleep Apnea _____ ❒Yes❒ No
Chronic Pain _____ ❒Yes❒ No
Osteoarthritis _____ ❒Yes❒ No
Skin Conditions (specify):_____ ❒Yes❒ No
MentalHealthConcerns ❒Yes❒ No
(specify):_____
Respiratory Disease _____ ❒Yes❒ No
GI(GERD,Crohn's,Colitis)_____ ❒Yes❒ No
Renal Disease:❒Yes❒ No Dialysis ❒Yes❒ No

Additional past medical history (including surgeries, especially abdominal surgeries):

_____
_____
_____

Is this patient on anticoagulation
❒ Yes ❒ No
If yes, medication?_____

List of Medications:

_____
_____
_____
_____

Questions to be completed by a physician or a nurse practitioner:

Does the patient currently:

1. Smoke?Quit date _____ ❒No ❒**Yes**→ **Not eligible** until abstinent for **6 months**
2. Have alcohol and or substance abuse/dependency? ❒No ❒**Yes**→❒Treated❒**Untreated**→**not eligible**
3. Have a significant psychiatric illness? ❒No ❒**Yes**→ ❒Treated❒**Untreated**→**not eligible**
4. Made Recent attempts at weight loss within the past 5 years? ❒**No** ❒Yes→ **If No –Patient is not eligible**

Type/Activity:_____
_____

5. Has the patient had Bariatric (weight loss) surgery (liposuction) or upper G.I surgery? ❒No ❒**Yes** → **Procedure:**_____ **Date:**_____ **Send copy of operative report**
6. Is the patient ambulatory and able to perform ADL's? ❒**No** ❒ Yes→**If No –Not eligible**
7. This patient is cleared to perform moderate activity (i.e. brisk walking) ❒**No** ❒ Yes→**Restrictions:** _____

For Centre for Metabolic and Bariatric Surgery Date Received:(office use only)

Referring Physician Notified by: ❒Phone ❒Message ❒Mail Date:_____
Patient Notified by:❒Phone ❒Message ❒Mail Date:_____

EOSS (Edmonton Obesity Staging System Check stage that applies to patient)
❒Stage 1❒Stage 2 ❒Stage 3 ❒Stage 4

Date Received: