



Government of South Australia

Health

Central Adelaide Local Health Network

# Referral for Bariatric Surgery Program

## Centre for Obesity Medicine & Surgery

The Queen Elizabeth Hospital | 28 Woodville Road | Woodville SA 5011

Fax (08) 8222 7188 | Phone (08) 8222 7010

### Patient Details

Surname:

First name:

Previous, Preferred or Alias:

Date of Birth: ...../...../.....

Address:

Phone (Home):

(Mob):

Interpreter Required Yes  No

Language:

### Referring Doctor

Practice stamp

Referring Practitioner Signature:

Date:

### Baseline Patient Data

Age (at time of referral)

Weight (kg)

Height (m)

BMI (current)

### Referral Criteria for Bariatric Surgery

- BMI >40, BMI >35 with obesity related comorbidities
- Aged 18-65 years at time of referral
- Must be a non-smoker**
- No alcohol or drug-dependency
- No unresolved psychological or psychiatric pathologies
- Committed to program and making lifestyle changes

### Has patient had previous Bariatric Surgery?

No

Yes  (please specify):

### Comorbidities

- Diabetes (medication dependent)
- Obstructive sleep apnoea
- Hypertension
- Ischemic heart disease
- Arthritis
- Mental health problems
- Cerebrovascular events
- Liver disease
- Gallstones

### Current Medication

- 
- 
- 
- 
- 
- 
- 
- 
- 

### Previous Abdominal Surgery

*There is a long waiting list for the bariatric surgical initial appointment. The initial contact is nurse and allied health led.*

*The expectation is that the investigation and optimisation of comorbidities particularly sleep apnoea, will continue to occur in primary care while your patient is on the waiting list*

### Supporting Documents

Please attach relevant documentation for assessment including sleep studies and recent blood tests for diabetic control, renal function and anaemia.

### For office use only

- No indication for bariatric surgery, letter to referring GP
- For Bariatric Seminar Clinic
- Interpreter required – straight to Nurse Led Assessment Clinic
- For Consultant Physician High Risk Clinic
- For Upper GI Bariatric Surgery Clinic

MO Name:

Signature:.....

Date:...../...../.....

To find out more, head to: <https://anzmoss.com.au/obesity/am-i-a-candidate/>

