

Post-Operative Patient Health Data

The Johns Hopkins Center for Bariatric Surgery

v. 1.1 (2/6/2008)

1 General Information*

Patient Name

Visit Date

Surgeon

- Dr. Lidor
- Dr. Magnuson
- Dr. Schweitzer
- Dr. Steele

Patient's Street Address

Patient's City, State, Zip

Patient's Day Phone

Date of Birth (MM/DD/YYYY)

Age

Patient's Evening Phone

Patient's Email Address

Primary Care Physician (PCP)

PCP Address, Phone, and Fax

2 Medications*

Below, please list all medications that you now take, plus the dosage.
Include over the counter medications, herbal supplements, and birth control medications.

Medication

Dosage

Blood thinner (please list):

Actigall/Ursodiol

Multivitamin

Calcium

Iron

Vitamin B-12

Vitamin D

Vitamin A, D, E Combo

Calcium with Vitamin D

* - Required

3 Social History

Tobacco Use*

- None
- Rare (social use)
- Occasional (1x/week)
- Frequent

Average packs/day _____

Substance Abuse*

- None
- Rare
- Occasional
- Frequent

Alcohol Use*

- None
- Rare
- Occasional
- Frequent
- History of binge drinking

Have you attended any support groups?

- No
- Attend an average of one group each month
- Attend an average of one group each year

4 Review of Systems

Cardiovascular Disease

Yes No HYPERTENSION*

- Borderline, no medication
- Diagnosed but not on medication
- Treatment with a single medication
- if yes...* Treatment with multiple medications
- Poorly controlled by medications

Yes No ENLARGED HEART BY ULTRASOUND*

- Shortness of breath:
- (Class I) With exercise
 - (Class II) With ordinary activity
 - if yes...* (Class III) Walking less than 1 block
 - (Class IV) At rest

Yes No ISCHEMIC HEART DISEASE*

- Abnormal EKG, no active ischemia
- History of heart attack or anti-ischemia medication
- if yes...* PCI or CABG surgery
- Active ischemia

Yes No ARRHYTHMIA

- Occasional skipped beats by EKG or other test
- Episodes of fast heartbeat without exercise, by EKG or holter monitor test
- if yes...* Atrial fibrillation
- Pacemaker

Yes No ADDITIONAL HEART PROBLEMS AND CORONARY ARTERY DISEASE

- Heart bypass
- Heart stent (coronary artery stent)
- if yes...* Heart valve problem or replacement (type of valve: _____)
- Medication for angina (ischemia)
- Blood thinner for heart
- Oxygen for heart or lungs

Yes No DEEP VEIN BLOOD CLOT OR PULMONARY EMBOLISM*

if yes...

- Clinical suspicion but unconfirmed
- DVT associated with a risk factor (trauma or surgery) but resolved with blood thinning medication
- Recurrent DVT with long-term blood thinning medication
- Previous blood clot to lungs
- Recurrent pulmonary embolism, disability and decreased function, or past hospitalization
- Vena Cava filter

Yes No LEG EDEMA*

if yes...

- Intermittent lower extremity edema, not requiring medical treatment
- Symptoms requiring medical treatment, diuretics, elevation, or a support base
- Stasis dermatitis, pigmentation, or cellulitis (legs swelling all of the time or at the end of the day)
- Stasis ulcers
- Disability, decreased function, or past hospitalization

Yes No PERIPHERAL VASCULAR DISEASE*

if yes...

- Asymptomatic with bruit
- Claudication, anti-ischemic medication
- Mini-stroke
- Procedure for peripheral vascular disease
- Stroke or loss of tissue due to ischemia

Yes No ANGINA ASSESSMENT*

if yes...

- Chest pain with extreme exercise (e.g., running)
- Chest pain with moderate activity
- Chest pain with minimal activity or at rest
- Unstable angina

- Yes No HAVE YOU HAD A SUPERFICIAL VEIN BLOOD CLOT OR PHLEBITIS?
- Yes No HAVE YOU HAD MULTIPLE MISCARRIAGES?
- Yes No DO YOU TAKE BIRTH CONTROL MEDICATION OR ESTROGEN?
- Yes No DO YOU TAKE BLOOD THINNING MEDICATION?
- Yes No DO YOU HAVE LUPUS ANTICOAGULANT?
- Yes No DO YOU HAVE FACTOR V LEIDEN DISORDER?
- Yes No DO YOU HAVE AN ABNORMALITY IN PROTEIN C or PROTEIN S?

Endocrine Disease

Yes No GLUCOSE METABOLISM*

if yes...

- Elevated fasting glucose or borderline diabetes
- Diabetes, controlled with oral medication (not insulin)
- Diabetes, controlled by insulin
- Diabetes, controlled with oral and/or injectable medication (not insulin)
- Poorly controlled or severe complications (i.e., retinopathy, neuropathy, renal failure, blindness)
- Number of oral medications that you take: _____

Yes No DYSLIPIDEMIA*
(elevated cholesterol/triglycerides)

if yes...

- Present, no treatment required
- Controlled with lifestyle change, including Step 1 or Step 2 diet
- Controlled with single medication
- Controlled with multiple medications
- Not controlled

Yes No POLYCYSTIC OVARIAN SYNDROME*

- if yes...*
- No treatment
 - Birth control pills/patch/ring or anti-androgen medication
 - Metformin, Avandia, or Actos
 - Combination therapy
 - Infertility

Yes No COLLAGEN VASCULAR DISORDERS

- if yes...*
- Scleroderma
 - Lupus
 - Rheumatoid arthritis
 - Other: _____

Yes No GOUT OR HYPERURICEMIA*

- if yes...*
- Gout or hyperuricemia, no symptoms
 - Gout or hyperuricemia, on medications
 - Uric acid crystals in joints
 - Destructive joints
 - Disability, unable to walk

Respiratory Disease

Yes No SLEEP APNEA*

- if yes...*
- Sleep apnea symptoms, but a negative sleep study or study was not done
 - Sleep apnea diagnosis by sleep study, but no oral appliance (CPAP)
 - Sleep apnea requiring oral appliance (CPAP)
 - Sleep apnea with significant hypoxia or oxygen dependent
 - Sleep apnea with complications (i.e., pulmonary hypertension)

Yes No OBESITY HYPOVENTILATION*

- if yes...*
- Hypoxemia (low oxygen) or hypercarbia (high carbon dioxide) on room air
 - Severe hypoxemia or hypercarbia
 - Pulmonary hypertension
 - Right heart failure
 - Right heart failure and left ventricular dysfunction
 - Bipap machine

Yes No HAVE YOU BEEN TESTED FOR SNORING?

Yes No CPAP USE

- if yes...*
- CPAP setting is 0-5
 - CPAP setting is 5-10
 - CPAP setting is 10-15
 - CPAP setting is greater than 15

Yes No PULMONARY HYPERTENSION*

- if yes...*
- Symptoms of PH (SOB, dizziness, fainting)
 - Patient has a confirmed pulmonary hypertension diagnosis
 - Patient is well-controlled on blood thinners and/or calcium channel blockers
 - Patient is on stronger medications (not including oxygen)
 - Patient is on oxygen: _____ liters
 - Patient has or needs a lung transplant

Yes No ASTHMA*

- if yes...*
- Intermittent mild symptoms, no medication
 - Symptoms controlled with oral inhaler
 - Well-controlled with ongoing daily medication
 - Symptoms not well-controlled; patient using steroids or anticholinergics
 - Hospitalized within the last 2 years; history of intubation
 - Ever hospitalized for asthma

Gastrointestinal Disease

Yes No GERD*

Intermittent or variable symptoms; no medication

Intermittent medication

H2 blockers or over-the-counter antacids (Zantac, Pepcid, Tagamet)

High-dose Proton Pump Inhibitor (Prevacid, Protonix, Nexium, Prilosec)

if yes... Has been tested for GERD, has had pH probe or esophageal manometry, meets criteria for anti-reflux surgery, or has had prior surgery for GERD

History of Nissen Fundoplication

History of endoscopic plicator or stretta

Barrett's esophagus

Yes No CHOLELITHIASIS (GALLSTONES)*

Gallstones with no symptoms

Gallstones with intermittent symptoms

Gallstones with severe symptoms

Gallstones with complications requiring immediate surgery prior to gastric bypass

if yes... History of cholecystectomy (gallbladder removal)

laparoscopic

open

History of cholecystectomy with ongoing complications not resolved

Yes No ABDOMINAL HERNIA*

No hernia

if yes... Asymptomatic hernia, no prior operation

Symptomatic hernia with or without incarceration

Successful repair

Recurrent hernia or size > 15 cm

Chronic evisceration through large hernia with associated complication or multiple failed hernia repairs

Yes No OTHER G.I. PROBLEMS

Rectal bleeding

Changes in bowel movements

Blood in stool

Diarrhea

check if present Constipation

Hemorrhoids

Date of last colonoscopy: _____

Yes No HIATAL HERNIA

Small hernia

if yes... Large hernia

Difficulty swallowing

Yes No LIVER DISEASE*

Modest liver enlargement, normal liver function tests, fatty change Category 1

Modest or greater liver enlargement, elevated liver function test, fatty change Category 2

if yes... Moderate to marked liver enlargement, fatty change Category 3, mild inflammation, mild fibrosis

Definite cirrhosis, NASH, liver dysfunction indicated by liver function test

Liver failure, transplant indicated or done

Musculoskeletal Disease

Yes No BACK PAIN*

- if yes...*
- Intermittent symptoms not requiring medical treatment
 - Symptoms requiring non-prescription treatment
 - Degenerative changes or positive objective findings, symptoms requiring narcotic treatment
 - Meets criteria for surgical intervention
 - Operation ineffective

Yes No JOINT PAIN*

- Pain with exercise
- Non-narcotic pain medication required
- Pain with daily activities
- Surgical intervention required (i.e., arthroscopy)
- if yes...* Awaiting or has received joint replacement or other disability
- Where?* Hips Knees Ankles

FUNCTIONAL STATUS*

- check your status*
- Able to walk 200 feet unassisted
 - Able to walk 200 feet with assistance device (cane, walker)
 - Unable to walk 200 feet with assistance device
 - Unable to walk more than 10 feet with assistance
 - Motorized wheelchair
 - Bedridden

Yes No FIBROMYALGIA*

- if yes...*
- Treatment with exercise
 - Treatment with non-narcotic medications
 - Treatment with narcotics
 - Surgical intervention done or recommended
 - Disabling; treatment not effective

Genitourinary and Reproductive

Yes No URINE LEAKAGE WHEN LAUGHING, COUGHING, OR SNEEZING*

- if yes...*
- Minimal and intermittent
 - Frequent but not severe
 - Daily occurrence, requires sanitary pad
 - Disabling
 - Operation ineffective

OTHER GENITOURINARY PROBLEMS

- check if present*
- Frequent urination
 - Burning or painful urination
 - Blood in urine
 - Change in force of stream when urinating

Yes No MENSTRUAL IRREGULARITIES*

- if yes...*
- Irregular or infrequent periods
 - Abnormally heavy or long periods
 - No periods
 - Prior total abdominal hysterectomy

Neurological

Yes No PSEUDOTUMOR CEREBRI*

- if yes...*
- Headaches with dizziness, nausea, and/or pain behind the eyes
 - Headaches and visual symptoms
 - Patient has had an MRI to confirm PTC and is well-controlled with oral diuretics
 - Patient is well-controlled with stronger medications
 - Patient has had or needs a surgical intervention (i.e., a shunt)

OTHER NEUROLOGICAL PROBLEMS

- check if present*
- Tremors
 - Seizures or convulsions
 - Stroke
 - Paralysis
 - Headaches
 - Numbness or tingling sensation

Skin

Yes No ABDOMINAL SKIN OR PANNUS*

- if yes...*
- Rash in skin folds
 - Abdominal skin that interferes with walking
 - Recurrent cellulitis and skin ulcers
 - Presence of flesh-eating bacteria, or surgical treatment required

Hematologic/Lymphatic

HEMATOLOGIC AND LYMPHATIC ISSUES

- check if present*
- Slow to heal cuts; bruising
 - Anemia
 - Phlebitis
 - Past transfusion
 - Enlarged glands
 - Bleeding problem other than menses

Psychiatric

CONFIRMED MENTAL HEALTH DIAGNOSIS*

- if yes...*
- Presently seeing a mental health professional
 - Memory loss or confusion
 - Suicidal tendencies
 - Nervousness
 - Insomnia
 - Schizophrenia
 - Bipolar disorder
 - Depression
 - Anxiety/panic disorder
 - Personality disorder
 - Psychosis
 - Other: _____
 - Hospitalized for mental illness

Yes No DEPRESSION*

- if yes...*
- Mild
 - Moderate, accompanied by some impairment, may require treatment
 - Moderate with significant impairment, treatment indicated
 - Severe, definitely requiring intensive treatment
 - Severe, requiring hospitalization

PSYCHOSOCIAL IMPAIRMENT*

- No impairment
- Mild impairment in psychosocial functioning but able to perform all primary tasks
- Moderate impairment in psychosocial functioning but able to perform most primary tasks
- Moderate impairment in psychosocial functioning and unable to perform most primary tasks
- Severe impairment in psychosocial functioning and unable to perform most primary tasks
- Severe impairment in psychosocial functioning and unable to function