

1. Based on your knowledge of the patient and review of the medical record, does this patient ever have a confirmed record of bariatric surgery?

YES

NO

If YES, please state date of first bariatric surgery procedure: _____

2. If YES to 1), what type of first bariatric surgery procedure did this patient undergo?

Laparoscopic gastric banding

Gastric bypass

Sleeve gastrectomy

Other, please specify _____

If YES to 1), how was this first bariatric surgery funded?

NHS

Private

3. If YES to 1), please list any complications following this first bariatric surgery:

4. If YES to 1), based on your knowledge of the patient and review of the medical record, does this patient ever have a confirmed record of:

(a) Gastric band removal following bariatric surgery? YES
NO

If YES, please state date of gastric band removal procedure:

(b) Operation reversal following bariatric surgery? YES NO

If YES, please state date of operation reversal: _____

5. Based on your knowledge of the patient and review of the medical record, does this patient have a confirmed record of a second or repeat bariatric surgery procedure?

YES

NO

If YES to 5, please state date of second or repeat procedure:

If YES to 5, please give details of type of second or repeat procedure:

