Mr. Mohamed Atalla
MBBS, MS, MD, FRACS
General, Laparoscopic and Bariatric Surgeon

222 Ogilvie Avenue Echuca 3564
Tel: 03 5480 6264 | Fax: 03 5407 1262
Email: office@moatalla.com.au

100 Corio Street Shepparton 3630
Tel: 03 5480 6264 | Fax: 03 5407 1262
Email: office@moatalla.com.au

Dr Atalla is a certified General Surgeon and a Fellow of the Royal Australasian College of Surgeons (FRACS). He completed a Bachelor of Medicine and Bachelor of Surgery (MBBS) and went on to complete his specialist surgical training in Melbourne with the Royal College of Surgeons. He was selected for an accredited post fellowship position in Auckland, New Zealand, and trained in the subspecialty of bariatric surgery. During this time Dr Atalla refined his complex surgical and diagnostic/therapeutic expertise in both upper gastrointestinal/bariatric weight loss surgery and advanced laparoscopic skills.

"I am committed to promoting disease resolution through minimally invasive surgery in the most comfortable and safe environment possible. Education and a solid support system, from the first consultation to follow-up care, is essential to providing patients the assistance they need as they embark on a new path toward a healthier, happier lifestyle" – Dr Mohamed Atalla

Bariatric Data Sheet

Name: _____ Age: _____

Mobile: _____ Email: _____

Weight: _____ Height: _____

Lowest weight in adult life is _____ at _____ years old, maintained for _____ years

I am interested in

- ☐ Gastric Bypass
- ☐ Gastric Banding
- ☐ Sleeve Gastrectomy
- ☐ Surgical Recomendation

Why do you want surgery?

_____

_____

_____

Dieting History

How long have you been overweight?

_____

_____

_____

When did you first begin to diet?

What methods have you tried to lose weight?

❒ Jenny Craig ❒ Weight Watchers ❒ Body for Life ❒ Sure Slim

❒ Atkins ❒ Tony Ferguson / Celebrity Slim / Other meal replacements

❒ Xenical ❒ Duromine ❒ Umide ❒ Tenuate Dospan

❒ Reductil ❒ Other (specify)

Have you seen a dietitian? ❒ Yes ❒ No

When, any comments?

What was your most successful attempt to lose weight?

How much weight did you lose? _____ Kg

How long did you sustain the weight loss? _____ Months

Have you ever had an eating disorder? ❒ Yes ❒ No

❒ Anorexia Nervosa ❒ Bulimia

Oral Intake

What is your **average** daily intake?

Date, day, time, of the food eaten and where you ate it	**Write what you eat and drink and how much in cups and in tablespoons and teaspoons**		**What exercise have you done**
For example: May 3rd Friday 7 a.m. Breakfast at home, sitting at the table	Porridge 1 c Calci Trim milk ¼ c	1 average cup of coffee	Walked to work – 20 minutes
	Food:	Fluid:	
Breakfast:			
Morning Tea:			
Lunch:			
Afternoon Tea:			
Dinner:			
Dessert:			
Supper:			
Takeaways:			
(how often, what)			
Fluids:			

How much alcohol do you drink?

A standard measure/unit: Beer = 375mls Wine = 150mls Spirits = 60mls

Daily No Units_____

Weekly No Units_____

Do you binge eat? ☐ Yes ☐ No

How long does the binge episode last for? 1day___1week___1-2weeks___2-3weeks___

How often do you binge? _____ Per week _____ Per month

What do you eat on an average binge?

_____

_____

_____

Are you hungry a lot? ☐ Yes ☐ No

How do you rate your hunger? Do you feel full?

_____

_____

_____

Are there any trigger factors? ☐ Yes ☐ No

If so what are they?

_____

_____

_____

Do you have dentures? ☐ Yes ☐ No

Can you chew your food well without any problems? ☐ Yes ☐ No

Do you tend to gulp your food down without chewing? ☐ Yes ☐ No

Do you have a sweet tooth? ☐ Yes ☐ No

Is there a family history of obesity? ☐ Yes ☐ No

Details_____

_____

_____

Are you prone to constipation? ❒ Yes ❒ No

What do you normally do to prevent constipation?_____

_____

Exercise History

What is your current level of exercise?

How far do you walk daily? 0___500m___1km___2km____5km____10km____>10km___

How often do you go to the gym? Times per Week _____ For How Long _____ Hours

How often do you swim?_____

Other exercise_____

General Health

Menstruation history: Do you get your periods regularly? ❒ Yes ❒ No

If not, how old were you when they stopped? _____

Do you have a history of any fractures? ❒ Yes ❒ No

Details_____

_____

Do you currently smoke? ❒ Yes ❒ No

Have you ever smoked? ❒ Yes ❒ No

For how long? _____

Years

How many per day? _____

Allergies? ❒ Yes ❒ No

Details_____

_____

_____

Medications? ❒ Yes ❒ No

Details_____

_____

_____

Have you ever taken prednisone/cortisone before? ☐ Yes ☐ No

Details _____

_____

Co-morbidities or other health problems

Do you have?

Sleep Apnoea	☐ Yes	☐ No	☐ Unsure
Joint problems	☐ Yes	☐ No	☐ Unsure
High cholesterol	☐ Yes	☐ No	☐ Unsure
Reflux	☐ Yes	☐ No	☐ Unsure
Stomach Ulcer	☐ Yes	☐ No	☐ Unsure
Gallstones	☐ Yes	☐ No	☐ Unsure
Diabetes	☐ Yes	☐ No	☐ Unsure
Angina	☐ Yes	☐ No	☐ Unsure
Asthma	☐ Yes	☐ No	☐ Unsure
Skin Disorders	☐ Yes	☐ No	☐ Unsure
Gout	☐ Yes	☐ No	☐ Unsure
High Blood Pressure	☐ Yes	☐ No	☐ Unsure
Deep Vein Thrombosis / Pulmonary Embolus	☐ Yes	☐ No	☐ Unsure

Comments _____

_____

_____

_____

_____

Social History

Occupation

_____

Who are your social supports?

_____

_____

Why do you want to have this operation?

Is your partner/family supportive of you having this type of surgery? ☐ Yes ☐ No

Comments

Do you suffer from depression? ☐ Yes ☐ No

Comments

Do you have any psychiatric history? ☐ Yes ☐ No

Comments

Abdominal scars ☐ Yes ☐ No

Have you read and do you understand the website on obesity surgery?

☐ Yes ☐ No

Questions ?