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Mr. Mohamed Atalla

MBBS, MS, MD, FRACS
Bariatric and General Surgeon

Mr Atalla is a certified locally trained surgeon and a Fellow of the Royal Australasian College of Surgeons (FRACS). He completed his Specialist General Surgery training through Western Health in Melbourne and affiliated regional hospitals. He was subsequently selected for an accredited post-fellowship position, training in the subspecialty of Bariatric Surgery with renowned bariatric surgeon, Mr Michael Booth in Auckland, New Zealand. He is also a credentialed Endoscopist under the GESA Conjoint Committee, a senior lecturer at the University of Melbourne and has multiple publications in highly reputable peer-reviewed journals.

"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 Recommendation

How long have you been thinking about surgery?

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Dieting History

How long have you been overweight?

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When did you begin to diet? .....

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.....

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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
- ☐ Saxenda
- ☐ Ozempic
- ☐ Reductil
- ☐ Other (specify) .....

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Have you seen a dietitian? ☐ Yes ☐ No

When, any comments? .....

.....

.....

What was your most successful attempt to lose weight? .....

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How much weight did you lose? ..... Kg

How long did you sustain the weight loss for? ..... Months

Have you ever had an eating disorder? If yes, please select one of the following:

- ☐ Anorexia Nervosa
- ☐ Bulimia
- ☐ Other (please specify)

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Oral Intake

What is your average daily intake?

Day, date, time and place of food eaten	Write what you eat and drink and how much in cups, tablespoons and teaspoons		Physical activity you have done
For example: May 3rd Friday 7 a.m. Breakfast at home sitting at the table	Porridge 1cup Milk 1/4 cup	1 average cup of coffee	Walked to work-20 min
	Food:	**Fluid:**	
Breakfast:			
Morning Tea:			
Lunch:			
Afternoon Tea:			
Dinner:			
Dessert:			
Supper:			

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 las for? ☐ 1 day ☐ 1 week ☐ 1-2 weeks ☐ 2-3 weeks

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

What do you eat on an average binge? .....

.....

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Are you hungry a lot? ☐ Yes ☐ No

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

.....

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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

If yes, please provide details .....

.....

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Are you prone to constipation ☐ Yes ☐ No

What do you normally do to prevent constipation? .....

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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? Frequency ..... Times per week

Duration ..... Hours

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 .....

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Do you currently smoke? ☐ Yes ☐ No

Have you ever smoked? ☐ Yes ☐ No

For how long? .....

How many cigarettes per day? .....

Allergies? ☐ Yes ☐ No

Details .....

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Medications? ☐ Yes ☐ No

Details .....

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

Details .....

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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

If other/s, please provide details .....

Social History

Occupation .....

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Who are you social supports? .....

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Why do you want to have this operation? .....

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

Comments .....

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Have you been diagnosed with depression? ☐ Yes ☐ No

Comments .....

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Do you have any psychiatric history? ☐ Yes ☐ No

Comments .....

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Abdominal scar ☐ Yes ☐ No

Have you read and understood the information about weight loss surgery on our website?

☐ Yes ☐ No

Do you have any other questions? .....

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