



HEALTH QUESTIONNAIRE

PATIENT INFORMATION

Patient First Name: Sabum Derek

Date of Birth: 1979-01-10

Gender: Male

Address

Address line: 3501 soleil boulevard

City: Beaumont

State: Ab

Patient Last Name: Chia

Age: 47

How did you hear about us:

Selected: Instagram

Other if apply:

Contact info

Phone Number: +17808072378

Email: Sabderek@yahoo.com

Preferred Contact Method: Text

Work and education info

Occupation: Equipment op

Employer: HC Rentals

Education: College

BMI (Standard): 9.43

STANDAR

Height: 6'80"

Current Weight (Pounds): 310

METRIC

Height(Centimeters):

Weight(Kilograms):

Emergency contact

First Name: Alida

Last Name: Epangue

Relationship to you: Wife

Emergency Contact Phone: +17802788090

Who referred you to us?: NA

Previous weight reduction data

Have you ever had weight loss surgery?: No

Surgeon's Name of the most recent weight loss surgery:

Have you ever been consulted about weight loss surgery?: No

Type of Surgery/Consultation:

Date of Surgery/Consultation:

FAMILY HISTORY

Heart disease: No	Pulmonary edema: No
Diabetes Mellitus: No	High blood pressure: Yes
Alcoholism: No	Liver problems: No
Lung problems: No	Bleeding disorder: No
Gallstones: No	Mental Illness: No
Malignant hyperthermia: No	Cancer: No

PAST MEDICAL HISTORY

- Sleep Apnea

Diabetes. Do you use insulin?

No

Sleep Apnea. Do you C-pap?

Yes

If applicable, Sleep Apnea. Do you C-pap:
Bi-pap?:

OTHER MEDICAL CONDITIONS OR HOSPITALIZATIONS (NON SURGICAL)

SURGERY OF INTEREST

Interest: First-time Bariatric Surgery

First-time Bariatric Surgery

Name: Gastric Sleeve (VSG)

Revisonal Bariatric Surgery

Name:

Primary Plastic Surgery

Post Bariatric Plastic Surgery

Weight History

Highest Weight (HW):	When:	Surgery Weight (SW):
330	2024-05-16	
Lowest Weight (LW):	When:	
280	2017-10-06	
Current Weight (CW):		How long have you maintained your CW?
310		No
Goal Weight (GW):		When do you aim to reach your GW?
280		
Weight Regained (WR):	When:	In how much time?:

Surgery details

How far are you in the process?: Im ready to schedule

Surgeon Preference: No preference

Additional Procedures of Interest:

Estimated date of surgery: 2026-01-29

Gastroesophageal reflux disease (GERD) Information::

- **How often did you have a burning feeling behind your breastbone (heartburn)?(per week):** 1 per week
- **How often did you have stomach contents (liquid or food) moving upwards to your throat or mouth (regurgitation)?(per week):** 0 per week
- **How often did you have pain in the center of the upper stomach?(per week):** 1 per week
- **How often did you have nausea?(per week):** 3 per week
- **How often did you have difficulty getting a good night's sleep because of your heartburn and/or regurgitation?(per week):** 1 per week
- **How often did you take additional medication for your heartburn and/or regurgitation, other than what the physician told you to take (such as Tums, Rolaids and Maalox)? (per week):** Null per week
- **TOTAL** 6
- **Have you had an upper GI endoscopy?:** No
 - **When?:**
 - **Findings?:**
- **Have you had an esophageal manometry?:** No
 - **When?:**
 - **Findings?:**
- **Have you had a 24-hour pH monitoring test?:** No
 - **When?:**
 - **Findings?:**

Heart Problems:

- High Blood Pressure

Respiratory Problems:

- Sleep Apnea

Urinary Conditions:

Muscular Conditions:

Neurological Conditions:

Blood Disorders:

Endocrine Condition:

Psychiatric Conditions:

- **Have you ever been in a psychiatric hospital?:** No
- **Have you ever attempted suicide?:** No
- **Have you ever been physically abused?:** No
- **Have you ever seen a psychiatrist or counselor?:** No
- **Have you ever taken medications for psychiatric problems or for depression?:** No
- **Have you ever been in a chemical dependency program?:** No

Gastrointestinal Conditions:

Head and Neck Conditions:

Skin:

Constitutional:

- Hair Loss

Have you ever had hepatitis?: No

HIV: No

Do you refuse blood?: No

SOCIAL HISTORY

Tobacco Use:

Do you currently smoke?: No

How many cigarettes and/or packs per day?:

Do you use snuff or chew tobacco?: No

How frequently do you use snuff/chew?:

Do you use a vape or e-cigarette?: No

How frequently do you use a vape or e-cigarette?:

For how many years have/did you use tobacco?: N/A

If you have quit, how long ago did you stop using tobacco products?: N/A

Alcohol Use:

Do you consume alcohol now?: Yes

If yes, how many times a week?: 1

If yes, how many drinks each time?: 1

For how many years do/did you drink alcohol?: Off and on

If you have quit, how long ago?: NA

Is anyone concerned about the amount you drink? : No

Drug Use:

Do you use street drugs now?: No

If yes, which drugs?:

If yes, how frequently do you use these drugs?:

If you have quit, how long ago?:

Caffeine Use:

Do you drink coffee or other caffeine-containing beverages?: Yes

How many cups per day?: 1

Type of drink?:

- Coffee

Other type of drink?:

Do you drink carbonated beverages?: No

Types of carbonated beverages:

.

Other:

How many cups per day?:

How often you eat sweets?: 2 to 3 times a month

How often do you eat fast food? Once a month

Other socials:

Do you use Marijuana products?: No

Do you use Aspirin products?: No

Do you use sexual hormones? (including birth control or hormonal replacement): No

Other substances (Specify):

Referral name (if applicable): No

PAST SURGICAL HISTORY

Zero

ONLY FOR WOMEN

Date of menstrual cycle:

Do you use any hormonal contraception (ex: birth control)?:

List pregnancies, date and outcome (ex: full term, premature, C-section, miscarriage):

MEDICATIONS

Ampnodopin

ALLERGIES

Zero

DIET PROGRAM

What is the name of the diet? Keto

When did you start it? 2 years

How long did you follow it? 1

How much weight did you lose? 5kg

If there was weight regain, how much was it? No

PSYCHOLOGICAL GENERAL WELL-BEING INDEX (PGWBI)

Have you been bothered by nervousness or your “nerves”? (during the past month):

- Not at all

How much energy, pep, or vitality did you have or feel? (during the past month):

- Very full of energy – lots of pep

I felt downhearted and blue (during the past month):

- None of the time

Were you generally tense – or did you feel any tension? (during the past month):

- I never felt tense or any tension at all

How happy, satisfied, or pleased have you been with your personal life during the past month?:

- Extremely happy – could not have been more satisfied or pleased

Did you feel healthy enough to carry out the things you like to do or had to do? (during the past month):

- Yes – definitely so

Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile? (during the past month):

- Very much so

I woke up feeling fresh and rested during the past month?:

- Most of the time

Have you been concerned, worried, or had any fears about your health? (during the past month):

- Very much so

Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory? (during the past month):

- Not at all

My daily life was full of things that were interesting to me during the past month?:

- A little of the time

Did you feel active, vigorous, or dull, sluggish? (during the past month):

- Very active, vigorous every day

Have you been anxious, worried, or upset? (during the past month):

- Not at all

I was emotionally stable and sure of myself during the past month?:

- Not at all

Did you feel relaxed, at ease, or high strung, tight, or keyed-up? (during the past month):

- Felt relaxed and at ease the whole month

I felt cheerful, lighthearted during the past month?:

- Some of the time

I felt tired, worn out, used up or exhausted during the past month?:

- None of the time

Have you been under or felt you were under any strain, stress, or pressure? (during the past month):

- Yes, quite a bit of pressure

ADDITIONAL COMMENTS

No

Terms & Conditions

I'm **Sabum Derek Chia** and i have read and accepted the terms and conditions.

Signature

