**Weight Management Clinic: Pre-Appointment Questionnaire**

***To be completed by GP and sent with referral.***

***Referral will be rejected if questionnaire not fully completed.***

**Patient Information**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical History**

**Do you have a diagnosis of any of the following? (Tick all that apply)**

☐ Type 2 Diabetes

☐ Gastroparesis (reduced gastric motility)

☐ Previous bowel surgery including bowel obstruction

☐ Gall stones

☐ Heart Disease

☐ Thyroid cancer

☐ Pancreatitis

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications:** (Please list all medications you are taking)

**Have you had previous surgeries for weight loss (e.g., gastric sleeve, bypass)?**

☐ Yes (Specify type and year): \_\_\_\_\_\_\_\_\_\_\_\_

☐ No

**Has your weight changed significantly in the past year?**  
- ☐ Gained \_\_\_\_\_\_ kg  
- ☐ Lost \_\_\_\_\_\_ kg  
- ☐ No significant change

**Do you experience any of the following?** (Tick all that apply)

☐ Emotional eating or binge eating

☐ Lack of physical activity

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Habits: (Briefly describe your typical daily meals/snacks**)

**The Austin Hospital Medical Weight Management clinic experience is a 1-year treatment plan which would include 4-6 visits as required.**

After this you will be discharged to your referring doctor with a long-term treatment plan. Do you consent to this?

☐ Yes  
☐ No

Please note this clinic focuses on management of weight through use of clinically approved medications. There is no subsidy available for these medications and the general cost to access them would range between **$260-$700 per month** (based on type of medication and dose used).

Do you agree to the use of medications and consent to the cost associated with this?

☐ Yes  
☐ No

***Please note entry into the clinic is subject to consenting to use of medication. If medication is not an option, please talk to you GP regarding alternative pathways.***

The aim of the weight management clinic is to achieve clinically meaningful weight loss to improve your quality of life and associated medical comorbidities. This is scientifically defined as 10-15% body weight loss. Upon achieving this goal, you will be discharged back to the care of your referring doctor with a long-term plan.

Do you consent to this?

☐ Yes  
☐ No

**Please make sure ALL questions are answered and attach to referral.**

We have a high demand for this clinic, and many patients are awaiting their appointment. Once we receive both your **referral and completed questionnaire**, your case will be **triaged**, and you will be placed on the **waiting list**.

As your first appointment, you will be invited to attend a **virtual group information session**, which will also include a consultation with one of our **medical weight control specialists.**