Weight Regain Pathway

Maintaining weight loss after bariatric surgery involves four key factors: **the operation, dietary choices, exercise, and sleep.**

To help assess weight regain following surgery, please provide the following:

📋 Required Information

1. **One-week food diary**
    - Include what you eat, how often, and how much (volume)
    - You may use the **Easy Diet Diary App** to record and email your diet and exercise to us
2. **Detailed weekly exercise routine**
3. **3D CT scan**
    - May be requested to assess your previous operation
    - Performed at **St George Private Hospital**
4. **DEXA scan**
    - May be requested to evaluate **total body composition** and **basal metabolic rate**

🗒️ Patient Details

Name: _____ **Date:** ___ / ___ / ____
Email: _____
Telephone: _____
Occupation: _____

🩺 Medical History

Allergies: _____

Please indicate if you have any of the following conditions and list medications if applicable:

Condition	Yes / No	Medication
Reflux	☐ Y ☐ N	_____
Sleep Apnoea	☐ Y ☐ N	_____

Condition	Yes / No	Medication
Hypertension	☐ Y ☐ N	_____
High Cholesterol	☐ Y ☐ N	_____
Diabetes / Insulin Resistance	☐ Y ☐ N	_____
Gallbladder Disease	☐ Y ☐ N	_____
Kidney Disease	☐ Y ☐ N	_____
Heart Disease	☐ Y ☐ N	_____
Osteoarthritis	☐ Y ☐ N	_____
Polycystic Ovary Syndrome	☐ Y ☐ N	_____
Cancer	☐ Y ☐ N	_____
Other Conditions	☐ Y ☐ N	_____

⚖️ **Weight History**

- **Date of previous weight loss surgery: ___ / ___ / ____**
- **Current weight: _____ Height: _____ BMI: _____**
- **Onset of weight regain: _____**
- **Maximum weight reached: _____**

🧑‍💼 **Social History**

- **Current occupation: _____**
- **Do you smoke?** ☐ Yes ☐ No
- **Do you drink alcohol?** ☐ Yes ☐ No

📞 Contact & Submission

Please email this completed questionnaire along with your diet and exercise diary. Contact our office to arrange your appointment. You will be reviewed by our nurse practitioner, the dietitian, and Dr Jorgensen.

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