



CONFIDENTIAL WEIGHT HISTORY

Age of onset of overweight or obesity

Do you have a family history of obesity?

Do you have any history of eating disorders, symptoms of eating disorders (e.g. binge eating) or unhealthy weight loss methods (e.g. misuse of laxatives, self-induced vomiting)?

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Is your weight stable and for how long have you been at this present weight?

What has been your maximum and minimum weight

What attempts at weight loss have you tried in the past, have any of the attempts worked and for how long?

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If weight loss attempts were unsuccessful, do you know why?

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What are the reasons or triggers for weight gain/regain?

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Has weight loss medication been tried?

Have you had weight loss surgery?

Have you seen other professions or organisations for weight loss?

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How many hours of physical activity do you do each week?

Portion sizes of meals?

Do you snack between meals/what kind of snacks?

Do you graze following your evening meal/what types of food?

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Do you suffer from any of the following:-

- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ GORD (Reflux Symptoms)
- ☐ Heart Disease
- ☐ Sleep Apnoea

- ☐ High Cholesterol
- ☐ Arthritis
- ☐ Gout
- ☐ Stroke
- ☐ Asthma

Do you smoke?

- ☐ Never Smoked
- ☐ Ex-smoker (Year Quit? _____)
- ☐ Current smoker (_____ cig/day)

HealthLink
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Pancreaticobiliary Surgery

Oesophagogastric Surgery

Bariatric Surgery

Robotic Surgery

General Surgery

Medicolegal Assessment

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Medical Oncology

Consultant Physician

James Walcott

MB,BS, MS, FRACS

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Hepatobiliary Surgery

Pancreatic Surgery

General Surgery