



Perioperative Follow-Up Form

V9.0 04/2019

ID: _____

Patient Details

Surname _____

First name _____

Sex _____

URN _____

Date of birth _____

Hospital _____

Surgeon _____

Operation date _____

Procedure _____

Perioperative Follow-Up (20-90 Days after Surgery)

Date of follow-up _____

Mortality Yes (see next column) No

Did a Defined Adverse Event (DAE) occur which was related to the above operation?

Name Hospital and Reason for DAE in box below.

- Unplanned return to theatre
- Unplanned ICU admission
- Unplanned re-admission to hospital

Hospital for admission for Defined Adverse Event:

Reason/Cause of Defined Adverse Event

Patient Mortality

Date of death _____

Please tick one

- Death related to bariatric procedure
- Death unrelated to bariatric procedure
- Unknown

Describe details/attach relevant reports

Please return form to the BSR Data Manager
FAX: 03 9903 0717
Post: Using the included Post Paid Envelopes
DO NOT email form unless encrypted
Questions about how to complete this form?
Please call the BSR 03 9903 0725