



Annual Follow-Up Form

V8.9 10/2018

ID: _____

Patient Details

Surname _____

First name _____

Sex _____

URN _____

Date of birth _____

Hospital _____

Surgeon _____

Operation date _____

Procedure _____

Annual Follow-Up

Year 1 2 3 4 5 6 7 8 9 10 (*Please circle year*)

Date of follow-up _____

BSR to Follow-Up (patient not seen for review)

Mortality **Yes** (see next column) **No**

Patient weight _____ kgs (**Self Reported**)

Diabetes **Yes** (*select treatment below*) or **No**

- Diet/exercise
- Insulin
- Non-insulin therapy (single)
- Non-insulin therapy (multiple)

Has the patient had revision surgery in the last 12 months?

Yes (*state reason below*) **No**

Reason for Revision

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