KLINICKÉ CENTRUM ISCARE
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Anamnesis Questionnaire

My desired weight loss procedure is:

☐ **Spatz3** (12 months) ☐ **Orbera** (6 months) ☐ **Orbera 365** (12 months)

Your contact details: *Completed on: .....20.....*

Surname:	**Name:**
Address:	**Gender**: ☐ female ☐ male
	Phone no.:
E-mail:	**Date of birth:**

Please, fill out the following questionnaire. Information provided by you will help us indicate an appropriate medical treatment for you. Furthermore, the data gathered by this questionnaire will allow us to predict contraindications to your treatment even before you visit our clinic. **Please send the form to:** recepce@iscare.cz

BMI: ..... **Height**: .....cm **Weight**: .....kg

Waist: .....cm **Hips**: .....cm

The lowest weight (since the age of 18): .....kg, at the age of:¨.....years old

Maximum weight (except pregnancy): .....kg, at the age of: .....years old

Personal weight target: .....kg

Reasons for weight reduction: ☐ health ☐ social ☐ aesthetic

☐Other: .....

Your personal health history – diseases:

Heart and vessel diseases: ☐ high blood pressure ☐ cardiac arrhythmia ☐ angina pectoris

☐ breathlessness ☐ thrombosis ☐ infarct ☐ stroke

☐ cardiac defect (if yes, which one .....)

Gastrointestinal diseases:

☐ diabetes ☐ hepatitis, if yes, which one? ☐ A ☐ B ☐ C

☐ hiatus hernia ☐ fatty liver ☐ cirrhosis ☐ gallstones ☐ heartburn

Pulmonary and respiratory diseases: ☐ asthma ☐ chronic bronchitis
☐ chronic obstructive pulmonary disease *(*COPD*)*
☐ sleep apnoea (CPAP mask ☐ yes ☐ no)

Other diseases: ☐ mental health disorder: .....

Malignancy: .....

Operations: .....

Medication used: .....

Other disease: .....

Professional occupation: .....

Physical activity during the day: ☐ very little ☐ sufficient ☐ high

Other physical activity: .....

Regular exercise: ☐ yes ☐ no, if yes which:.....

For how long: ....., **how many times per week**:.....

What do you do in your spare time? (Hobbies): .....

At what age did you start gaining weight? Since.....years of age.

What is the main reason for gaining weight – based on your own point of view?

☐ excessive food intake ☐ low physical activity ☐ pregnancy

☐ maternity leave ☐ menopause ☐ marriage

☐ Stress factor (family or work issues): .....

☐ Illness: ..... ☐ Medicaments: .....

☐ Career changes (new or changing of occupation):.....

☐ military service ☐ other factors .....

Other important data / desired date of performance / alergies:

Please, complete the questionnaire truthfully.

Don't forget to mention all your diseases and illnesses you had in the past, even if they are healed.

Thank you very much for completing this questionnaire! ☺

Once you have finished the form, please send it to: recepce@iscare.cz

Booking your appointment:
If you haven´t previously set a date for your check-up and procedure, please contact us with your preferred dates. If no contraindications are found during this check-up, the gastric balloon can be inserted on the same day.

Days of medical performance:
Gastric balloon – on Wednesdays and Thursdays

Thank you very much.

Best regards.

Bariatric Team
ISCARE clinic Prague

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