

**Excess - Weight Lost is Health Gained!**



**SCIENTIFICALLY**



**Dr. Suviraj John**

MRCSE(Ed) MS (Gen Surg) DNB (Gen Surg) FNB (MAS)  
FIAGES FALS (HPB Surg) FALS (Colo Rectal Surg) PGDH&HM PGQM&AHO

**Senior Consultant Surgeon**

**Institute of Minimal Access, Metabolic & Bariatric Surgery**

**SIR GANGA RAM HOSPITAL**

[www.ddsclinics.com](http://www.ddsclinics.com)



**+91-9810833080**

**+91-9999670395**

**Between 9AM-5PM**



*Centre for*

**Obesity & Metabolic Management**



**Centre for Obesity & Metabolic Management (C O M M)**

**DIGESTIVE DISEASES SURGICAL CLINIC**

**A/9-A, Ground Floor, Punjabi Bagh Extension**

**Punjabi Bagh Club Road, New Delhi - 110026**

**M: +91-9810833080 | +91-9999670395**

**W: [www.ddsclinics.com](http://www.ddsclinics.com) E: [loseobesity@gmail.com](mailto:loseobesity@gmail.com)**



# BARIATRIC Self-Assessment

Your Weight-Loss Story Begins Now!

This is a Clinical Evaluation Form for individuals seeking control of excess body weight. It is to be filled in by them, ideally along with their family members. It is to be submitted to the bariatric team at the time of clinical assessment.

‘Excess-Weight  
Lost is Health  
Gained!’

BARIATRIC MEDICINE  
Clinical Assessment Form - I

Name: \_\_\_\_\_

\_\_\_\_\_ :UID

www.ddsclinics.com

Centre for



Obesity & Metabolic Management



+91-9810833080  
+91-9999670395

Between 9AM-5PM



Centre for Obesity & Metabolic Management (C O M M)  
DIGESTIVE DISEASES SURGICAL CLINIC  
A/9-A, Ground Floor, Punjabi Bagh Extension  
Punjabi Bagh Club Road, New Delhi – 110026  
M: +91-9810833080 | +91-9999670395  
W: www.ddsclinics.com E: loseobesity@gmail.com

# YOUR CONTACT DETAILS



**Name:**

**Age:**

**Date of Birth:**

**Gender:**

**Address:**

**Occupation:**

**Mobile Number:**

**Landline Number:**

**E-Mail Address:**

[This document is the confidential property of the above person and is meant only to be viewed for clinical purposes by the aforementioned physician. In case this document is found misplaced, kindly have it returned immediately to the above said person. Thank you.]

## YOUR STORY

[Kindly be as detailed as possible when filling in this form. You may add information to the end of the form if it cannot be contained within the spaces provided under each category.]

**HISTORY (Informant/s - / / )**

Primary Complaint –

Secondary Complaint/s –

**Detailed Story –**

---

---

---

---

---

[www.ddsclinics.com](http://www.ddsclinics.com)



Kindly mention an Average Day's Activity **TIMELINE** in a Chronological Order, along with it's Average Duration –



ACTIVITY	Time From	Time To	Duration
Wake-Up Time			
Breakfast Time			
Going to Work Time			
Morning Snack Time			
Lunch Time			
Afternoon Rest Time			
Evening Snack Time			
Evening Activity (Leisure/ Socialising) Time			
Dinner Time			
Bed Time			
Others (e.g. Exercise / Gym. / Walking Time)			

www.ddsclinics.com

**Total Daily Screen Time (Computer + TV + Movie Time etc.) =**

**Total Daily Sleep Time =**

**Total Daily Exercise Time (Apart from work) =**

Which activity of the day do you enjoy the most?

Which diet/ food item of the day do you enjoy/ look forward to the most?

Do you eat to feel better when you are feeling low? - Yes/ No

What part of the day do you find is most amenable to modification in activity?

Which diet/ food item of the day do you think is most amenable to change?

## **WEIGHT CHART:**

(Kindly give the approximate weight till your nearest age category)

Weight at 1 year of age =

Weight at 5 years of age =

Weight at 10 years of age =

Weight at 15 years of age =

Weight at 20 years of age =

Weight at 25 years of age =

Weight at 30 years of age =

Weight at 35 years of age =

Weight at 40 years of age =

Weight at 45 years of age =

Weight at 50 years of age =

Weight at 55 years of age =

Weight at 60 years of age =



## **ACTIVITY CHART:**

(Kindly give the approximate activity level till your nearest age category)

Activity level at 1 year of age =

Activity level at 5 years of age =

Activity level at 10 years of age =

Activity level at 15 years of age =

Activity level at 20 years of age =

Activity level at 25 years of age =

Activity level at 30 years of age =

Activity level at 35 years of age =

Activity level at 40 years of age =

Activity level at 45 years of age =

Activity level at 50 years of age =

Activity level at 55 years of age =

Activity level at 60 years of age =

## **DIET CHART:**

(Kindly fill in this page as a comparison with other siblings in the family. Kindly fill in the following pages for a detailed dietary history till your nearest age category).



Diet at 1 year of age =

Diet at 5 years of age =

Diet at 10 years of age =

Diet at 15 years of age =

Diet at 20 years of age =

Diet at 25 years of age =

Diet at 30 years of age =

Diet at 35 years of age =

Diet at 40 years of age =

Diet at 45 years of age =

Diet at 50 years of age =

Diet at 55 years of age =

Diet at 60 years of age =

## **ANY OTHER WEIGHT / ACTIVITY / DIET DETAILS:**

(Kindly mention here any remaining details pertaining to weight / activity / diet issues that could not be captured in the afore mentioned query segments).

## **DETAILED DIETARY HISTORY:**

[Kindly fill in the most likely/ average diet. You may fill in significant variations from the normal diet in the 'Others' row. You may leave the last column empty for our dietician to fill in the calories].



## **Daily Diet Detail:**

TIME	Food Item	Amount	Calories
Waking Up			
Breakfast			
Snack			
Lunch			
Evening Snack			
Dinner			
Bed Time			
Others			
Dietician Remarks			

www.ddsclinics.com

1. Do you binge eat? - Yes/ No

2. Do you like sweets a lot? - Yes/ No



## LIFE IMPACT PROFILE:

Kindly let us know how Weight GAIN has changed your life under the following categories and time span, in terms of change in comparison to life before, in brief in the last 5 years.



## Life Impact Detail:

Please fill in the boxes.

TIME SPAN	Sleep	Activities of Daily Living	Personal Life	Professional Life	Leisure Activities
First Year					
Second Year					
Third Year					
Fourth Year					
Fifth Year					

www.ddsclinics.com

1. Energy Expenditure / Day 5 Years ago (In Calories) = \_\_\_\_\_

2. Energy Expenditure / Day Currently (In Calories) = \_\_\_\_\_



 **OBESITY  
HELPLINE**  
+91-9810833080  
+91-9999670395  
**Between 9AM-5PM**



[www.ddsclinics.com](http://www.ddsclinics.com)

*Centre for*   
Obesity & Metabolic Management

**Centre for Obesity & Metabolic Management (C O M M)**  
DIGESTIVE DISEASES SURGICAL CLINIC  
A/9-A, Ground Floor, Punjabi Bagh Extension  
Punjabi Bagh Club Road, New Delhi – 110026  
M: +91-9810833080 | +91-9999670395  
W: [www.ddsclinics.com](http://www.ddsclinics.com) E: [loseobesity@gmail.com](mailto:loseobesity@gmail.com)