Worldwide Endobarrier Registry – Baseline Visit

Date	/ / (dd/mm/yyyy)
Name of Clinician	
Email	

Hospital Name	
Hospital Postcode	
Centre I.D.	

Identification Number	
Forename	
Surname	
Date of Birth	/ / (dd/mm/yyyy)
Gender	Male ☐ Female ☐

AFFIX PATIENT LABEL HERE

☐ White (European, American, Australian etc)	☐ SE Asian (Cambodian, Indonesian, Vietnamese etc)
☐ South Asian (Indian, Pakistani, Bangladeshi, Sri Lankan etc)	☐ Arab / West Asian (Afghan, Iranian etc)
☐ Afrocaribbean (Black African/ Caribbean)	☐ Latin American
☐ Chinese/ Japanese	☐ Mixed, please specify
☐ Other, please specify	

Height (metres) ____ . ____ ____ m

Medical History

	Does the patient have the following conditions? If Y/ NK for ANY marked*, please comment on relevant problem in right column.	Complete: Put a **X** in Either ☐ Yes ☐ No If Not Known write **NK** in No box		Please give details as appropriate
1.	**Diabetes Mellitus** Year of Onset __ __ __ __ (Y Y Y Y)	Y ☐	N ☐	
1a.	Diabetes Mellitus type 2	Y ☐	N ☐	
1b.	Diabetes Mellitus type 1	Y ☐	N ☐	
1c.	Diabetes Mellitus other (give details)	Y ☐	N ☐	
2.	**Hypertension - treated with antihypertensives**	Y ☐	N ☐	
3a.	**Smoking – Ex** Start Year __ __ __ __ (Y Y Y Y) Stop Year __ __ __ __ (Y Y Y Y)	Y ☐	N ☐	No cigs/day
3b.	**Smoker – Current** Start Year __ __ __ __ (Y Y Y Y)	Y ☐	N ☐	
4.	**Alcohol intake AND specify units/week as none 1–10, 11–20, >20**	Y ☐	N ☐	No units/wk
5.	**Vascular disease**			
5a.	Cerebrovascular (stroke/transient ischaemic attack)	Y ☐	N ☐	
5B.	Cardiovascular disease (angina/myocardial infarction/coronary bypass graft/stent)	Y ☐	N ☐	
5c.	Peripheral vascular disease (angioplasty/ stent/ intermittent claudication)	Y ☐	N ☐	
6.	**Gastrointestinal disorder or pre-existing regular symptoms e.g. nausea, vomiting, abdominal pain, constipation, diarrhoea**	Y ☐	N ☐	
7.	**Previous Endobarrier**	Y ☐	N ☐	
8.	**Previous bariatric/bowel surgery**	Y ☐	N ☐	
9	**Polycystic ovary syndrome**	Y ☐	N ☐	
10.	**Obstructive Sleep Apnoea**	Y ☐	N ☐	
11.	On CPAP	Y ☐	N ☐	
12.	**Other significant disorders**	Y ☐	N ☐	

Measurements and Tests

Blood Pressure SBP ____ mmHg DBP ____ mmHg Date / / (dd mmm yyyy)

Current Weight ___ . _ kg Date / / (dd mmm yyyy)

HbA1c ____ % ____ mmol/mol Date / / (dd mmm yyyy)

Hb ____ g/l ____ g/dl **Plt** ____ x10^9/l Date / / (dd mmm yyyy)

Lipids TChol ____ mmol/L ____ mg/dL LDL ____ mmol/L ____ mg/dL HDL ____ mmol/L ____ mg/dL Trigs ____ mmol/L ____ mg/dL Date / / (dd mmm yyyy)

Biochemistry ALT ____ U/l AST ____ U/l GGT ____ U/l Bili ____ micromol/l ____ mg/dL Albumin ____ g/l ____ g/dl Date / / Serum Cr ____ micromol/l ____ mg/dL Date / / (dd mmm yyyy)

The Worldwide Endobarrier Registry is an independent registry hosted by the Association of British Clinical Diabetologists (ABCD). It is supported by an unrestricted grant from GI Dynamics, Inc.

Medications

Drugs associated with bleeding risk

Aspirin ☐ Yes ☐ No Dose and reason for use (primary/secondary prevention) _____ Continue ☐ Stop for Endobarrier ☐ Other _____

Anti-platelet ☐ Yes ☐ No Name and dose _____ Continue ☐ Stop for Endobarrier ☐ Other _____

Current antidiabetic treatment before Endobarrier

Are any of these drugs being changed at time of Endobarrier insertion? ☐ Yes ☐ No

If Yes, specify current and new dose. If No, specify Current dose only. _____

			CURRENT DOSE	DOSE CHANGE AT TIME OF ENDOBARRIER
Metformin	Metformin **Total dose including any in combined preparations**	Total Dose	mg/Day	mg/Day
Sulphonylurea	Glimepiride; Glipizide; Chlorpropamide; Gliclazide; Gliclazide MR; Gliclazide SR; Tolbutamide; Glibenclamide; Other	Total Dose	mg/Day	mg/Day
Pioglitazone	Pioglitazone **Total dose including any in combined preparations**	Total Dose	mg/Day	mg/Day
Meglitinides	Nateglinide; Repaglinide	Total Dose	mg/Day	mg/Day
Alpha-glucosidase inhibitors	Acarbose	Total Dose	mg/Day	mg/Day
GLP-1 receptor agonists	Exenatide (Micrograms/day); Liraglutide (Milligrams/day); Lixisenatide (Micrograms/day); Exenatide QW (Micrograms/week)	Total Dose	mcg/mg/Day/week	mcg/mg/Day/week
DPP4 inhibitors	Sitagliptin; Vildagliptin; Saxagliptin; Linagliptin; Alogliptin	Total Dose	mg/Day	mg/Day
SGLT2 inhibitors	Dapagliflozin; Canagliflozin; Empagliflozin	Total Dose	mg/Day	mg/Day
Insulin – total dose		Total Dose	IU/Day	IU/Day
Other antidiabetic medications	Or medications which could affect glycaemic control	Please Specify		
Anti-obesity medication	Orlistat (Xenical)	Total Dose	mg/Day	mg/Day

Other medications:

How many of each of this type of medication is the patient on?

Antihypertensives 1, 2, 3, 4+

Lipid therapy 1, 2, 3, 4+

Analgesia 1, 2, 3, 4+

Other 1, 2, 3, 4+

Is Endobarrier part of Research study? If Yes, acronym for study _____

Any other patient comments?	Any other doctor/nurse comments?

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