

REFERRAL CRITERIA:

- 1) The patient has either:
- a BMI of ≥ 40 , OR
 - a BMI of 35–40 and other significant obesity related disease (e.g. type 2 diabetes mellitus or high blood pressure) that could be improved if they lost weight, OR
 - Asian family origin and recent onset type 2 diabetes mellitus (defined by NICE CG189 as diagnosis within previous 10 years) and a BMI of >32.5
- 2) The patient should also either:
- have complied with tier 2 weight management services for 6 months but failed to achieve or maintain adequate weight loss, OR
 - has complex disease states or needs that cannot be managed adequately in tier 2 (for example, the additional support needs of people with learning disabilities)

EXCLUSIONS:

- Those with suicidal thoughts within the last 6 months
- Those who have self-harmed within the last 6 months
- Those with unstable mental health condition
- Must be clear of addiction for at least 6 months, e.g. alcohol or recreational drugs

Patient Details:

Full Name		Gender	Date of Birth
Home Full Address			
Ethnic Origin		NHS Number	
Patient Home Tel:	Patient Mobile Tel:	Patient Work Tel:	

Date of measurements: **Weight(kg):** **Height(cm):** **BMI:**

Attach graph of weight if available

Baseline Medical Status and History

Select if applicable	Date of diagnosis and brief details
Hypertension	
Diabetes	
Coronary heart disease (angina, MI)	
Stroke or TIA	
Other relevant conditions	
Problems	
Is patient considering progress towards bariatric surgery procedure? (Tier 4)	
Yes [] No []	
Previously attended Tier 2 weight management support (community based groups)	
Yes [] No []	

Current Medication & Tests

Medication

Baseline Blood Tests (in last 3 months)			
<i>Type</i>	<i>Date & result</i>	<i>Type</i>	<i>Date & result</i>
Thyroid function		Cholesterol (total)	
HBA1C		Triglycerides	
Other relevant tests and investigations:			

This MDT programme involves the patient undergoing Psychology, Dietetics and Exercise components. Please indicate any details that you feel it would be useful for the service provider to be aware of:

This patient is able to engage in regular structured physical activity which will be delivered by an appropriately trained fitness instructor. This will include cardiovascular exercise.

Please tick: Yes [] No [] if not why not:

Referral Date:

Referring GP/Consultant/Health Professional:

Contact details of referrer if not GP:

Registered GP:

GP Address:

GP code (if known):

GP practice code (if known):

GP email:

Registered GP Phone Number:

Please send this form electronically to bariatric.consultancy@nhs.net

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