

Referral Form Tier 3 Weight Management Service

REFERRAL CRITERIA – Adults (18 years and over)			
<ul style="list-style-type: none"> • BMI \geq30 with recent onset Type 2 Diabetes • BMI \geq35 with related co-morbidity • BMI \geq40 without related co-morbidities • Unsuccessful loss/maintenance at Tier 2 (group community weight management for at least 6 months) • Patients for assessment and preparation for Tier 4 Specialised Morbid Obesity service • Post-bariatric surgery patients who require specific post-operative support – Patients must be post 2 years • NB: We cannot accept patients who have experienced suicidal ideation or have self-harmed in the past 6 months. Any patient experiencing unstable/erratic mental health issues will be referred to their GP for appropriate medical care 			
Patient Details:		Referrer Details:	
Name:		Sex: M/F	Referrer:
			Contact:
Address:		GP & Practice Address:	
D.O.B:	NHS number:		
Contact tel (mobile):	Contact tel (home):	Contact tel:	
Communication support required <input type="checkbox"/>		Type of support e.g. signs language, lip reader:	
Communication professional required <input type="checkbox"/>		Type of professional support e.g. Interpreter, BSL, advocate:	
<p>I confirm that I have obtained consent from the patient <input type="checkbox"/></p> <p>Please note in the patient records</p>			
Weight (kg):		Height (cm):	
BMI:			
Baseline Medical Status and History			
Please x if applicable		Date of diagnosis and result	
Hypertension	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
Coronary heart disease (angina, MI)	<input type="checkbox"/>		
Stroke or TIA	<input type="checkbox"/>		
Kidney Disease	<input type="checkbox"/>		
Is this patient being referred for bariatric surgery (Tier 4)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Previously attended Tier 2 weight management (community based groups)			Yes <input type="checkbox"/> No <input type="checkbox"/>

SEND REFERRAL TO

Email: bariatric.consultancy@nhs.net /Fax: 01322 220307 Enquiries tel Why Weight on 01293 223098

Current Medication**Mental Health History:****Baseline Results (last 3 months)**

<i>Type</i>	<i>Date & result</i>
Blood pressure	
HBA1C	
Thyroid function	
Cholesterol (total)	
LDL	
HDL	
Triglycerides	

The MDT programme involves components of psychology, dietetics and exercise components. Please indicate any details that you feel it would be useful for the service provider to be aware of;

Is patient is able to engage in regular structured physical activity delivered by an appropriately trained fitness instructor (including cardiovascular exercise). **Yes** **No**

Completed referrals to be emailed to: bariatric.consultancy@nhs.net