

Referral to Tier 3 Weight Management Service

REFERRAL CRITERIA –Adults (18 years and over)

- BMI > 30 with recent onset Type 2 Diabetes
- BMI > 35 with 2 recognised co-morbidities
- BMI > 40 without related co-morbidities
- BMI > 50 without related co-morbidities
- Individuals who have complied with Tiers 1 and 2 services for at least 6 months and have failed to achieve or maintain adequate weight loss
- GP discretion of BMI 2.5kg/m² with Asian black African Caribbean patient ethnicity
- Any individuals who have undergone bariatric surgery who are post 2 years who require specific post-operative support

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

Patients must be clear of addiction for at least 6 months, e.g. alcohol or recreational drugs

Patient Details:

Name:		Sex: M/F	
Address:			
D.O.B:		NHS number:	
Ethnicity:			
Contact telephone: (mark best contact no.)	Home:	Mobile:	Work
Weight kg:	Height cm:		BMI:

Baseline Medical Status and History

Please x if applicable	Date of diagnosis and result
Hypertension	
Diabetes	
Coronary heart disease (angina, MI)	
Stroke or TIA	
Obstructive sleep apnoea	
Other	

Is this patient being referred for bariatric surgery (Tier 4) preparation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is patient housebound?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is patient able to engage in regular structured physical activity delivered by	Yes <input type="checkbox"/>	No <input type="checkbox"/>

professionals

Current Medication

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Baseline Results (last 3 months)

<i>Type</i>	<i>Date & result</i>	<i>Type</i>	<i>Date & result</i>
Blood pressure		Cholesterol (total)	
HBA1C		LDL	
Thyroid function		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? **E.g. learning difficulties, mental health, language difficulties, mobility issues etc.**

Name and address of referrer if not GP:

Contact telephone number:

Patient's GP Practice name and address if different from above:

Referrer Sign

Date

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