WEIGHT MANAGEMENT REFERRAL FORM

Patient Name …….. **NHS No. (if known)** ……..

Home Address ……..

Post Code ……..**Telephone No** ……

Gender Male/Female **D.O.B** ……/……/…….

GP Name ……..... **GP Address** ……

ETHNICITY (PLEASE TICK APPROPRIATE BOX)

White; English/ Welsh/ Scottish/ Northern Irish/ British □ Irish □ Gypsy or Irish Traveller □ Other □ ……

Mixed / Multiple ethnic groups; White & Black Caribbean □ White & Black African □ White & Asian □ Other □ ……..

Asian / Asian British; Indian □ Pakistani □ Bangladeshi □ Chinese □ Other □ ……..

Black / Africa / Caribbean / Black British; African □ Caribbean □ Other □ ……..

Any other ethnic group; Arab □ Yemeni □ Other □ …….. **Do not wish to state;** □

REFERRERS DETAILS

Name (please print) …… **Job Title** (please print) ……

Base: (please print) …… **Contact No**: (please print) ……

ASSESSMENT DETAILS (PLEASE COMPLETE ALL BOXES WHERE APPLICABLE AS INCOMPLETE FORMS WILL BE RETURNED)

Height (M) *must be completed ☐ **Weight (Kg)** *must be completed ☐ **BMI Score** *must be completed ☐

REFERRAL LEVEL 2 Weight Management Team	REFERRAL LEVEL 2+ Specialist Weight Management Support
Weight Watchers ☐ Slimming World ☐ SHAPES ☐ Fit Blokes Club ☐ Counterweight ☐ **Referral Number** ……..	Specialist Weight Management Support ☐
Criteria for Referral (except SHAPES and Fit Blokes) ● BMI ≥ 30 (27.5 south Asian) ● BMI ≥ 28 (23 south Asian) with co-morbidities. ● Patient is motivated and ready to change **SHAPES and Fit Blokes** ● BMI ≥ 28 (23 south Asian)	**Criteria for Referral** ● BMI ≥ 40 (37.5 south Asian) & has completed a level 1 & 2 service ● BMI ≥ 35 (32.5 south Asian) with comorbidities & has completed a level 1 & 2 service ● Aged over 18 and is motivated and ready to change.

DETAILS OF CO-MORBIDITIES (MUST BE COMPLETED) Previous or current history of the following?

Heart Disease ☐ Hypertension ☐ Diabetes ☐ Patient has a Learning Difficulty/Disability ☐

Most recent BP reading *must be completed for SHAPES / Fit Blokes Club /Specialist Weight Management Service / _____/_____

Any other co-morbidities……Any factors that would prevent patient from exercising.....

CLINICAL DECLARATION — Voucher patients who have not met weight loss target only

In my clinical opinion the following health condition/s (please state)……

……..is the reason why this patient has not met their weight loss target on this occasion.

GEOGRAPHIC ELIGIBILITY CONFIRMATION Please tick one box only.

Patient lives in the Dudley borough ☐ Patient works in the Dudley borough (if ticked please attach proof of current employment) ☐

STATEMENT OF CONSENT— *Please note: only GP's can refer to SHAPES/Rosemary Conley/ Fit Blokes Club

I (name of referrer) refer the above patient under the terms and conditions of our mutually agreed protocol.

Referrer Signature …… **Date of Referral** …….. Courier Number .....

I the patient understand and give my informed consent that the service and relevant commercial companies (Weight Watchers or Slimming World where applicable) will view and keep my personal details in order to deal effectively with my referral and for auditing and evaluation purposes in accordance with the Data Protection Act. Only anonymous details will be published without my expressed consent. If I have chosen to use the Specialist Weight Management Service I consent to the team viewing my relevant blood test results and liaising with my GP about my health status. I agree that I may be contacted within 24 months after the end of the service for evaluation purposes. If I have requested vouchers, I confirm that I have not been a paying member to my selected service within the last 3 months.

Patient Print Name …….. **Signature** …… **Date** ……..

ALL PARTS OF THIS FORM MUST BE FILLED SO THE REFERRAL CAN BE PROCESSED. FORMS WITH MISSING INFORMATION CANNOT BE PROCESSED AND THE PATIENT WILL BE INFORMED.

Please fax this COMPLETED form to the Weight Management Team, The Office of Public Health, Dudley MBC, 8th Floor - Falcon House, The Minories, Dudley, West Midlands, DY2 8PG. Tel: 01384 814444-- FAX: 01384 818021—Email: weight.management@nhs.net