

REFERRAL CRITERIA –Adults including Young people over 16 years

- Adults over 16 who have for at least five years either
 - BMI ≥ 35 with related co-morbidities these being primarily diabetes and/or cardiovascular disease or
 - BMI ≥ 40 without related co-morbidities.
- And they should have complied with Tiers 1 and 2 services for at least six months and have failed to achieve or maintain weight loss goals.
- Any individuals who have undergone bariatric surgery and require specific post-operative support.
- Individuals who may have already been referred to Tier 4 for bariatric surgery and therefore require assessment and preparation.

Patient Details:

Name:	Sex:
Address:	
D.o.B:	NHS NUMBER
Telephone Home:	
Telephone Work:	

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	
Previously been referred for bariatric surgery (Tier 4)	Yes [] No []
Previously attended Tier 2 weight management support (community based groups)	Yes [] No []

Current Medication

Baseline Blood Tests (last 3 months)

Type	Date & result	Type	Date & result
Thyroid function		Cholesterol (total)	
HBA1C		Triglycerides	
Other relevant tests			

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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:

Name Signature of Referring GP/Consultant/Health Professional:

GP Practice name and address:

Date:

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

Telephone: 01322 220299 Fax: 01322 220307

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