Tier 3 Obesity Management Service Referral Form

This form should be submitted via the Referral Support Service

Reference/Priority

Referral Date:	Priority:	NHS Number:
Referral Date	Referral Urgency	NHS Number

Patient Details

Title:	Forename(s):	Surname:
Title	Given Name	Surname
Date of Birth:	**Gender:**	**Ethnicity:**
Date of Birth	Gender	Ethnic Origin

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
Home Address House Name/Flat Number	Home Address Number and Street	Home Address Village
Town:	**County:**	**Postcode:**
Home Address Town	Home Address County	Home Address Postcode
Phone:	**Mobile:**	**Text Message Consent:**
Patient Home Telephone	Patient Mobile Telephone	No
Email:		
Patient E-mail Address		

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
Referring User	Free Text Prompt	Organisation National Practice Code

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
Free Text Prompt	Free Text Prompt	

Patient Choice Preferences

Provider 1:	Provider 2:
Referral Target Service Name	

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	Main Language

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Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status:

Single Code Entry: Smoking Status

Referral for referral to Tier 3 Obesity Management Services:

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Previous weight loss therapy tried

Tier 2 programme (where available) ☐

Details of which service, level of engagement and outcome:

Weight loss programmes (such as 'Weight Watchers', 'Slimming World' etc.) ☐

Details of which service, level of engagement and outcome:

Trial of Orlistat? Please select from drop-down menu: Unknown

Details of engagement and outcome:

Medical Information (please measure at referral appointment):

Weight:	Single Code Entry: O/E - weight
BMI (last 3):	Single Code Entry: Body mass index
Height:	Single Code Entry: O/E - height
BP:	Single Code Entry: O/E - blood pressure reading
Alcohol units per week:	Single Code Entry: Alcohol consumption

For smokers: Has smoking cessation support been offered? Please select from drop-down menu below

N/A

Please state if you feel this patient may have an underlying co-morbid condition that is contributing to weight gain and needs further investigation: Please select from drop-down menu below

Unknown

If yes, please provide details of condition(s):

Mental Health

Please provide patient's current diagnoses, presentation and treatment

Cancer (non-active)

Please provide patient's current diagnoses, presentation and outcome

History of eating disorder

Please provide patient's diagnosis, treatment and outcome

Blood Results – For BMI 45+ or bmi 40+ with complex co-morbidities please supply:

Baseline blood results (must be within the last 6 months) PLEASE RECORD UNITS

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Haemoglobin: Single Code Entry: Haemoglobin estimation
Creatinine: Single Code Entry: Serum creatinine
LFTS (ALT): Single Code Entry: Liver function test
T4: Single Code Entry: Serum free T4 level
HbA1c: Single Code Entry: Haemoglobin A1c level - IFCC standardised
Total Cholesterol: Single Code Entry: Serum cholesterol
TSH: Single Code Entry: TSH - thyroid stim. hormone

Medical Summary

Problems

Medication

Medication

Allergies

Allergies

Long Term Conditions – Read codes within a box are scored once only e.g. for the group containing CVA, TIA and Cerebrovascular disease, the allotted score will be given if one, two or all of these codes are present.

Pre-diabetes: Single Code Entry: Pre-diabetes
Type 2 diabetes: Single Code Entry: Type 2 diabetes mellitus
IHD: Single Code Entry: Ischaemic heart disease
NAFLD: Single Code Entry: Non-alcoholic fatty liver

CVA: Single Code Entry: Stroke and cerebrovascular accident unspecified
TIA: Single Code Entry: Transient cerebral ischaemia
Cerebrovascular disease: Single Code Entry: Cerebrovascular disease

Type 1 Diabetes: Single Code Entry: Type 1 diabetes mellitus
Obstructive Sleep Apnoea: Single Code Entry: Obstructive sleep apnoea
Angina: Single Code Entry: Angina pectoris
Osteoarthritis: Single Code Entry: Generalised osteoarthritis - OA
Diabetes mellitus arising in pregnancy: Single Code Entry: Diabetes mellitus arising in pregnancy
Gestational diabetes mellitus: Single Code Entry: Gestational diabetes mellitus

COPD: Single Code Entry: Chronic obstructive pulmonary disease
Asthma: Single Code Entry: Asthma

Hypertension: Single Code Entry: Hypertensive disease
Arrhythmia: Single Code Entry: Cardiac dysrhythmias
Rheumatoid Arthritis: Single Code Entry: Rheumatoid arthritis
PCOS: Single Code Entry: Polycystic ovarian syndrome
Hypothyroidism: Single Code Entry: Acquired hypothyroidism

GORD: Single Code Entry: Gastro-oesophageal reflux
Peptic Ulcer NOS: Single Code Entry: Peptic ulcer NOS

Significant back pain (on >2 analgesics, or under pain clinic) Please select from drop-down menu below

Unknown

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For Trust Usage

BMI	Score	
BMI≥50	Automatically eligible	
35 – 44.9	3	
45 – 49.9	5	
Co-morbidity priority	**Score for diagnosis**	**Score for recent onset (within last 3 years)**
Very High	4	5
High	3	5
Medium	2	0
Low	1	0

Patient accepted for programme: Yes/No

Comments: