MORELIFE TIER 3 ADULT WEIGHT MANAGEMENT

REFERRAL FORM-GREATER MANCHESTER

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| **Patient Details** |
| Title: |  | Date of birth:  |
| First name: |  | Gender:  |  |
| Surname: |  | Patient preferred contact number:  |
| Patient Address  |  |
| Postcode:  | Does the patient speak English? |  |
| NHS Number: |  | Ethnicity:  |
| **Email address**:  |  |  |
| Is the patient housebound?  |  |  |
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| **Current Medical Information** |
| Height (m): |  | Weight (kg): |  | BMI: |  |
| Blood Pressure: |  | Resting Heart Rate: |  |

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| **Referral Criteria for this service** | **Referrer** **Confirm** |
| **One of the following three criteria MUST be met – ALL CCG’S WITH THE EXCEPTION OF BURY\*** |
| Adults with BMI > 50kg/m2 who are being considered for bariatric surgery | [ ]  **OR** |
| Adults with BMI 35kg/m2 and above | [ ]  **OR** |
| Adults with eating disorders associated with their obesity (BMI 35kg/m2 and above). | [ ]  **OR** |
| Pregnant women with BMI 35kg/m2 and above.  | [ ]  |
| Adults from Black and Minority Ethnic (BAME) communities with BMI 35 kg/m2 | [ ]  |
| \*FOR BURY Adults on the Bariatric pathway with BMI 40kg/m2 and above. | [ ]  |

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| **Medical conditions** |
| CDV, heart disease, previous heart attack or angina  | [ ]  | Stroke or mini Stroke  | [ ]  | Kidney Disease  | [ ]  |
| Diabetes Type 2 – (non-insulin dependents)  | [ ]  | Diabetes - Type 2- (insulin dependent)  | [ ]  | Diabetes (Type 1 - insulin dependent)  | [ ]  |
| High BP - not medicated  | [ ]  | High BP – medicated  | [ ]  |  Cancer or treated for cancer in the last 5 years  | [ ]  |
| Depression or Anxiety  | [ ]  | Other mental health condition  | [ ]  | MS or MND  | [ ]  |
| Inflammatory conditions i.e. rheumatoid arthritis  | [ ]  | Musculoskeletal pain i.e. osteoarthritis, back pain  | [ ]  | Osteoporosis  | [ ]  |
| Fibromyalgia  | [ ]  | Respiratory disease, including asthma and chronic pulmonary disease  | [ ]  | Sleep apnoea  | [ ]  |
| Fatty liver  | [ ]  | Hypothyroidism  | [ ]  | Other  | [ ]  |
| If other please detail:  |  |

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| **Medical History (relevant to this referral)** |

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| **Current Medication** |

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| **Biomedical readings (dated within the last three months):** |
| **FULL lipid profile please** |
| **Cholesterol** |  | **Date:** |  |
| **HDL** |  | **Date:** |  |
| **LDL** |  | **Date:** |  |
| **Triglycerides** |  | **Date:** |  |
| **HBA1C** |  |
| **Fasting Glucose** |  |
| **eGFR** |  |
| **TFTs** (a normal result from within the last 24months is accepted) |
| **T4:** |  |
| **TSH:** |  |

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| **Referral Source details** |
| Patient’s Surgery Name: |   |
| Surgery Address:  |
| Surgery Postcode:  | Surgery contact number:  |
| Referrer’s name: |  | Referrer’s profession: |  |
| Referrer’s Email: |  | Date of referral: |  |

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| **Exclusion Criteria\***Please NOTE – patients referred who suffer from the following conditions will be excluded: |
| Uncontrolled alcohol or drug dependency. |
| Poorly controlled major mental health illness, such as psychosis, severe depression, bulimia nervosa. |
| Newly diagnosed or uncontrolled hypothyroidism. |
| Chronic kidney disease stage 4+ requiring specialist renal advice. |
| Decompensated liver disease requiring specialist hepatic advice. |
| \* Patients found to have a score of severe anxiety/depression will be assessed on an individual basis |

Please email to morelife.GM.SAWM@nhs.net with any supplementary patient pathology records which need to accompany the referral form.

If you have any questions, please feel free to call us on 0161 511 0300