

MORELIFE ESSEX SELF REFERRAL FORM

DETAILS			
Title:	Date of birth:		
First name:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname:	Contact number:		
Patient Address:			
Postcode:	Email Address:		
Do you speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate how you would like us to contact you by ticking the relevant box(es):	
If no, please state your preferred language:	By Email:	<input type="checkbox"/>	
	By Phone:	<input type="checkbox"/>	
	By Text:	<input type="checkbox"/>	
Does you have any mobility issues or are you housebound?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Where did you hear about our services?			

ETHNICITY	
<p>White</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p>Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black / African / Caribbean background</p> <p>Other ethnic groups</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group</p>	<p>Asian / Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Mixed / Multiple ethnic groups</p> <p><input type="checkbox"/> Mixed White and Black Caribbean</p> <p><input type="checkbox"/> Mixed White and Black African</p> <p><input type="checkbox"/> Mixed White and Asian</p> <p><input type="checkbox"/> Any other Mixed / Multiple ethnic background</p>

CURRENT MEDICAL INFORMATION			
Height (m):		Weight (kg):	
		BMI:	
Do you have any relevant medical conditions? Please give details including medication:			

REFERRAL CRITERIA

A BMI of 40 kg/m ² or more	<input type="checkbox"/> OR
A BMI of ≥ 35 kg/m ² and 1 obesity-related comorbidity e.g. Type 2 Diabetes, metabolic syndrome, hypertension, obstructive sleep apnoea (OSA), functional disability, infertility and depression if specialist advice is needed regarding overall patient management	<input type="checkbox"/> OR
A BMI of ≥ 32.5 kg/m ² , type 2 diabetes and of Asian descent	<input type="checkbox"/>

GP DETAILS

In order for you to use our services, it is essential we are able to contact your GP. **By giving us these details, you are giving us permission to contact your GP.**

Surgery / GP Name:

Surgery Postcode:

Surgery contact number:

If you have a BMI of ≥ 30 kg/m² and a recent diagnosis of type 2 diabetes (within the previous 10 years) please contact us on 0800 0389050

Please email to essex@more-life.co.uk or fax to 0844 209 0884 with any supplementary patient pathology records which need to accompany the referral form.

You can also return via post to: MoreLife (UK) Ltd, Thames Enterprise Centre Building, Thames Industrial Park, East Tilbury, RM18 8RH