A close up of a sign

Description automatically generatedMORELIFE ADULT

REFERRAL FORM ESSEX

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| **Details Referral Date:** | | | | | | | |
| Title: | |  | Date of birth: |  | | | |
| First name: | |  | Gender: | Male  Female | | | |
| Surname: | |  | Patient preferred contact number: | | | |  |
| Patient Address |  | |  | | |  | |
| Postcode: | |  | Do you speak English? | | | | Yes  No |
| **Email address** (this will be the main method for contacting you): | | |  | |  | | |
| Do you have any mobility issues or are they housebound? | | | Yes  No | |  | | |
| Where did you hear about our service? | | |  | |  | | |
| What is your ethnicity? | | |  | |  | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **Current Medical Information** | | | | | | |
| Height (m): |  | Weight (kg): |  | BMI: |  | |
| **Referral Criteria For Essex** | | | | | | Staff use |
| **One of the following three criteria MUST be met** | | | | | | **Confirm** |
| A BMI of 40 kg/m2 or more | | | | | | **OR** |
| A BMI of ≥ 35 kg/m2 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 | | | | | | **OR** |
| A BMI of ≥ 32.5 kg/m2, type 2 diabetes and of Asian descent | | | | | | **OR** |

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

As part of our South Essex contract, we are now a provider for Saxenda, please note that there is an eligibility criteria involved set by NICE guidelines, if you are interested in Saxenda and would like us to find out if you are meet all the eligibility criteria, please tick this box

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| Do you have any relevant medical conditions? Please give details including medication: |
|  |

Please email to [morelife@nhs.net](mailto:morelife@nhs.net)

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

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| --- | --- |
| GP details (essential and by providing these you are giving us permission to contact your GP): | |
| Surgery Postcode: | Surgery contact number: |