EVERYONE HEALTH NOTTINGHAMSHIRE
REFERRAL FORM

To be completed by the referring Health Professional

All patient data is stored securely in accordance with Data Protection guidelines

Patient Details:							
Title:	Other		**Date of Birth:**				
First Name			**Age: (if under 18)**				
Surname:			**Gender:**	Male	☐	Female	☐
Address:							
Postcode:			**NHS Number:**				
Telephone:			**Mobile:**				
Email:							
Parent/Carer Name:			**GP Surgery:**				
Medical Conditions / Relevant Conditions:	Advanced Liver Disease	☐	Anxiety/Depression	☐	Asthma	☐	
	Cardiovascular Disease	☐	Chronic Fatigue Syndrome	☐	Dementia	☐	
	Dyslipidaemia	☐	Epilepsy	☐	Fibromyalgia	☐	
	Hypertension	☐	Learning Disability	☐	Musculoskeletal Disorders (MSD)	☐	
	Osteoporosis	☐	Post Bariatric Surgery	☐	Pre Bariatric Surgery	☐	
	Recent Falls/Fractures	☐	Severe Mental Illness	☐	Sleep Apnoea	☐	
	Type 1 Diabetes	☐	Type 2 Diabetes	☐	Other (please state)	☐	
Does the patient want to make lifestyle changes?				Yes	☐	No	☐
Has the patient consented to being referred onto the service?				Yes	☐	No	☐
Referrer Name:			**Referral Job Title:**				
Referring Organisation:			**Referral Date:**				

Nottinghamshire Obesity Prevention and Weight Management Services	
Falls Prevention: Aged 55+ at risk of a fall	☐
Child Weight Management: 5-17 yrs old, ≥ 91st centile	☐
Maternity: Pregnant, BMI > 30	☐
Adult Weight Management Tier 2 (Including enhanced Tier 2 Adult Weight Management) Any of the below: ▪ BMI 25 – 30 with high waist circumference (Men ≥102cm Women ≥88cm) ▪ BMI 30 – 49.9 ▪ BMI 30 – 44.9 with co-morbidities ▪ BMI 27.5 – 47.4 for South Asian, Chinese, Black African, African Caribbean population groups ▪ BMI ≥23 for South Asian, Chinese, Black African, African Caribbean population groups *with high waist circumference* Patients who would **not be accepted** onto T2 AWM as they require T3 AWM: ▪ BMI ≥45 with complex co-morbidities ▪ BMI ≥50 ▪ BMI ≥47.5 for South Asian, Chinese, Black African, African Caribbean population groups	☐

Patients would **not be accepted** with any of the following, due to requiring Tier 3 weight management support:

- Uncontrolled Diabetes
- Patients for Bariatric Surgery
- Patients undergoing cancer treatment or weight loss for transplant
- Known Eating Disorders
- Patients on Dialysis
- Fibrosis or Cirrhosis
- Patients who are in a Healthcare professional's opinion, not medically fit to undertake a weight loss programme

Measurements

Height:		Date:		HDL:		Date:	
Weight:		Date:		LDL:		Date:	
BMI:		Date:		Total Cholesterol:		Date:	
Blood Pressure:		Date:		Triglycerides:		Date:	
				HbA1c:		Date:	

Other Considerations/Co-Pathologies:

Relevant Medication:

Consent:

I confirm that the patient has agreed to share his/her data with Everyone Health

Referrer's Name:	**Referrer's Signature:**

Please send completed referral form via post, fax or e-mail as below

Address:		**Fax:**	**Email:**
Everyone Health, 3 Watling Drive Sketchley Meadows Hinckley, Leicestershire Leicestershire, LE10 3EY	**Phone:**	0115 954 1353 0333 005 0092	EH.ChangePointNotts@nhs.net