**Lambeth Healthy Weight Hub Referral Form**

Lambeth Healthy Weight Hub offers a 12-week group only tier 2 weight management programmes based on NICE guidelines.

**If your patient has a BMI over 40kg/m2, you may wish to consider a referral to the SEL Tier 3 Healthy Weight Management Programme. The referral form is on EMIS or DXS and is called 'SEL Healthy Weight Management Programme Referral form'. Tier 3 weight management services are for patients living with complex obesity who may benefit from the input of a multidisciplinary team.**

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| **Inclusion criteria:**   * Registered with a GP in Lambeth or a Lambeth resident * Aged 18 or over * Motivated to change lifestyle behaviours  |  |  |  | | --- | --- | --- | | **BMI criteria** | | | | **Ethnicity** | **BMI (kg/m2)** | | Black African/Caribbean, Latinx, South Asian, (including mixed ethnicities) | 27.5 – 40.0 | | All other ethnicities | 30.0 – 40.0 |   [The NHS BMI calculator can be found here](https://www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index/calculate-bmi-for-adults) | **Exclusion criteria:**   * Pregnant or planning pregnancy * Those receiving palliative or end of life care * Myocardial infarction or stroke within the last 3 months * For patient safety, blood pressure readings of >180 mmHg systolic OR >120 mmHg diastolic taken within the last 6 months (consider re-referral when blood pressure is optimised) * Clinically diagnosed eating disorder |

**Information in shaded boxes is required to determine if the patient is eligible and safe to join the programme. Your referral may**

**be rejected if information in shaded boxes is not completed or attached.**

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| **Screening Criteria** | |
| **Date of Birth:** |  |
| **Ethnicity:** |  |
| **Height:** |  |
| **Weight:** |  |
| **BMI:** |  |
| **Blood Pressure:**  *(within last 6 months)* | Systolic:  Diastolic: |
| **Diabetes Status:** | Prediabetes  T2DM (Date of diagnosis: )  No diabetes diagnosis |
| **Obesity comorbidities present:** | Hypertension  Idiopathic Intracranial Hypertension  NAFLD, NASH or other hepatic steatosis  Obstructive Sleep Apnoea or Obesity Hypoventilation Syndrome  Previous stroke or MI  Chronic pain  Osteoarthritis |
| **Is this patient pregnant?** | Yes  No |
| **Has this patient had a recent diagnosis of cancer, or is currently receiving active cancer treatment?** | Yes  No |
| **Has this patient had a myocardial infarction or stroke within the last 3 months?** | Yes  No |
| **Is this patient safe to perform physical activity at moderate intensity?** | Yes  No |
| **Is the patient awaiting or undergoing physiotherapy?** | Yes  No |
| **Are there any safety OR security issues involved seeing this patient?** | Yes  No |

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| **Patient Details** | | | |
| **Title:** | Mr  Mrs  Miss  Other (Specify: ) | | |
| **Name:** |  | | |
| **Address:** |  | Postcode: |  |
| **Telephone number:** |  | | |
| **Email address:** |  | | |
| **NHS number:** |  | | |
| **Gender:** | Male  Female  Other (Specify: ) | | |
| **Is this patient on the severe mental illness (SMI) register?** | Yes  No | | |
| **Is this patient on the learning disability register?** | Yes  No | | |
| **Does this patient consider themselves to have a disability?** | Yes  No | | |
| **Does this patient require additional support?** | Yes (Specify:      )  No | | |
| **GP Surgery:** |  | | |
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| **Referrer Details** | | | |
| **Name:** |  | | |
| **Occupation:** |  | | |
| **Email address:** |  | | |

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| **Relevant Medical History**  Please detail relevant medical history |
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| **Referrer and patient consent** |
| The referral has been discussed with the patient - they are willing to engage with a 12-week weight management programme and give their consent for this referral.  Please tick to confirm the above |
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| **Complete Referral** |
| Please send completed referral form via email to [gst-tr.lambethtier2programme@nhs.net](mailto:gst-tr.lambethtier2programme@nhs.net) |