**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

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| **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
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**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 |