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| **Spire Southampton HospitalDescription: C:\Users\halln\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\JS03RWT5\HG_WA_LOGO_BLK.jpgThe ‘Weigh Ahead’ TIER 3 SPECIALIST WEIGHT MANAGEMENT PROGRAMME****TEL: 023 80 914442****Email for referral enquiries: spire.southamptonnhs@nhs.net** |
| **Important – we strongly recommend you assess whether the patient is ready & committed to embark on this 6 month programme. Please also complete all areas, and attach all required bloods from the last 6 months, as any missing information will result in the referral being delayed.** |
| **For office use only:**Date Received:Date checked by GP:Triage for MH:Date cleared by MDT:SAP number: |  | **GP information:**GP Name:GP Surgery:Telephone:Fax: |
| **Patient Information:**Name:Date of Birth:NHS Number:Address:Landline Number:Mobile Number: |  | **Medical Information:**Height: Weight: BMI: Blood Pressure (from within last 6 months): |   |
| **Does the Patient have the following:**HypertensionDiabetesDyslipidaemiametabolic syndrome / PCOSObstructive Sleep ApnoeaSevere ArthritisIschemic Heart DiseaseCOPDAsthmaIBD (Crohn’s, UC)IBSCoeliacFibromyalgiaNAFLDOther – please specify | **Yes** | **No** | **Details & history if available** |
| **Physical Activity:**Can the Patient participate in the activity element of the programme?  YES [ ]  NO [ ]  If no, why not \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Psychological Health Screening:**Please list any current/past history and severity of psychological health difficulties, and any history of aggression/ violence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Yes** | **No** |
| Psychological barriers to attending appointments, eg agoraphobia |  |  |
| Current Drug / alcohol misuse |  |  |
| **Eating Disorder Screening, please ask patient & tick relevant box:**  |
| *please note that ticking ‘sometimes’ or ‘often’ could* *indicate a referral to an eating disorder service is required prior to Tier 3* | **Never** | **Sometimes** | **Often** |
| In the past month, have you eaten till you felt uncomfortably full but felt that you could not stop? |  |  |  |
| Do you eat normally in public but excessively in secret?  |  |  |  |
| Do you have a feasting and fasting pattern of eating? |  |  |  |
| Do you ever make yourself sick or take laxatives to control your weight?  |  |  |  |
| **Learning Disabilities & Language requirements :**Please advise or any specific requirements or alterations that we may need to consider for this patient**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Weight Management History:** Patient has engaged with tier 1 and tier 2 services within the past 2 years, this includes engagement with primary care, weight watchers, slimming world, exercise on referral, dietician or orlistat, but failed to achieve/maintain weight lossYES [ ]  NO [ ] Has the Patient already had Bariatric Surgery? YES [ ]  NO [ ]   |
| **Patient Commitment & Consent:**Patients have to commit to complete this specialist 6 month Tier 3 programme. Therefore, we strongly recommend you assess whether the patient is ready & committed *I, the Patient, agree to participate in The ‘Weigh Ahead’ Tier 3 weight management programme, with the goal of losing 5-10% weight loss in 6 months, and give my permission for any relevant information to be sent to the service:***Patient Signature:** **Date:**Or[ ]  This Patient agrees to participate in The ‘Weigh Ahead’ Tier 3 weight management programme, with the goal of losing 5-10% weight loss in 6 months, and gives permission for any relevant information to be sent to the service. |
| **Inclusion Criteria:*** Patient is 18 or over
* Patient must have a BMI of >35 with obesity related comorbidities e.g. 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 >40 without (reduced by 2.5 kg/m2 of BMI in Asians)
* Patient must have complied with weight loss interventions at Tier 1 and 2 over the past 2 years
 | **Exclusion Criteria:*** Patients **must not** have been enrolled on or completed the programme in the past 12 months
* Individual funding requests will apply to patients who have already had NHS bariatric surgery
* Patients with serious uncontrolled disease, e.g. angina, asthma, COPD, heart failure, aortic stenosis
* Patients with recent complicated Myocardial infarction and/or awaiting further investigation
* Patients with uncontrolled arrhythmia that compromise cardiac function
* Patients with blood pressure at rest above 180mg Systolic, 120mg Diastolic.
* Patients with unstable psychiatric disorder
* Patients with acute infection
* Patients that are Pregnant or breastfeeding
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| **Checklist before uploading referral:**[ ]  ***All areas above are completed***[ ]  ***Current medications are attached***[ ]  ***Patient meets referral criteria***[ ]  ***The following blood test results (from last 6 months) are attached:-**** + ***Lipid values***
	+ ***Thyroid value***
	+ ***Vitamin D status***
	+ ***Fasting blood glucose / HbA1c***

**Please upload to NHS E-Referral service, under the speciality ‘Health Promotion’** |
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