**REFERAL TO THE PAEDIATRIC WEIGHT MANAGEMENT SERVICE AT SOUTHAMPTON CHILDREN’S HOSPITAL**

Please email referral to uhs.endocrinedieticians@nhs.net

Referral criteria:

* BMI >98th centile (SDS >2) with symptoms of co-morbidity or
* BMI >99.6th centile (SDS >3) or
* Baby who has cross >3 centiles upwards in 6 months
* Child where weight > 3 centile lines above height

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| Patient name  DoB  NHS Number  Address | Age  Weight  Weight centile  Height  Height centile  BMI  BMI SDS  (Can use Growth charts UK-WHO App) |
| Relevant PMH (including behavioural difficulties, learning difficulties, complex social circumstances) | |
| Co-morbidity screen:  Symptoms of obstructive sleep apnoea, T2DM, slipped upper femoral epiphysis or reduced mobility, gallstones, PCOS or depression? Please provide details: | |
| Ethnicity | FHx of  Obesity:  Cardiovascular disease:  T2DM: |
| Weight management input so far: | Parental consent for referral: |
| Results of bloods tests: (need TFTs and LFTs prior to referral being accepted) | |
| Professional referring patient: | |