|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 764964** | | | | | | | |
| **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:  Contact Tel. Number:  Email Address: |  | | | | | **Medical Information:**  Height:  Weight:  BMI:  Blood Pressure (from within last 6 months): |  |
| **Does the Patient have the following:**  Hypertension  Diabetes  Dyslipidaemia  metabolic syndrome / PCOS  Obstructive Sleep Apnoea  Severe Arthritis  Ischemic Heart Disease  COPD  Asthma  IBD (Crohn’s, UC)  IBS  Coeliac  Fibromyalgia  NAFLD  Other – 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | |  | **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  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **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 loss  YES  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 | | | | |
| **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’** | | | | | | | |
| **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 764964** | | | | | | | |