

REFERRAL CRITERIA –Adults including Young people over 18 years	
Patients will need to meet one of the following criteria to be eligible for the service:	
<ul style="list-style-type: none"> • BMI ≥ 40 • BMI ≥35 with any of the following: hypertension, diabetes, angina/MI, stroke/TIA, sleep apnoea or other significant diseases • BMI ≥30 with type 2 diabetes • Patients who are eligible for a hip/knee joint replacement but need to reduce their BMI to below 35 prior to referral to T&O 	

Patient Details:	
NHS NUMBER:	
Name:	Sex:
Address:	
D.O.B:	
Telephone Home:	
Telephone Work:	
Mobile:	

Weight (kg):	Height (cm):	BMI:
Date Measurements taken:.....		

Baseline Medical Status and History		
Please x if applicable		Date of diagnosis and result
Hypertension		
Diabetes		
Coronary heart disease (angina, MI)		
Stroke or TIA		
Obstructive sleep apnoea		
Other		
MSK Scoring (OXFORD)		
Previously been referred for bariatric surgery (Tier 4)	Please tick	
Previously attended Tier 2 weight management support (community based groups)	Please tick	
Previously attended Tier 3 weight management programme	Please tick	
Please identify which Tier 3 Provider and Discharge Date:.....		

Current Medication

This MDT programme involves the patient undergoing Psychology, Dietetics and Exercise components. Please indicate any details that you feel it would be useful for the service provider to be aware of.

This patient is able to engage in regular structured physical activity which will be delivered by an appropriately trained fitness instructor. This will include cardiovascular exercise. **Please tick: Yes / No (If a choice is not indicated we will assume that the patient is able to engage into regular structured physical activity.)**

Signature of Referring GP/Consultant/Health Professional:.....

Practice name and Address:..... Date.....