MORELIFE TIER 3 ADULT WEIGHT MANAGEMENT

REFERRAL FORM-GREATER MANCHESTER

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| **Patient Details** |
| Title: | Date of birth:  |
| First name: | Birth Gender:  |
| Surname: | Patient preferred contact number:  |
| Patient Address:  |
| Postcode:  | Email address: |
| NHS Number: | Ethnicity: |
| Does the patient have a learning disability?  | Does the patient speak English? |
| Does the patient have additional support needs? | First language: |
| Is the patient housebound?  |  |

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| **Current Medical Information** |
| Height (m): |  | Weight (kg): |  | BMI: |  |
| Blood Pressure: |  | Resting Heart Rate: |  |

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| **Referral Criteria for this service** | **Referrer** **Confirm** |
| **One of the following three criteria MUST be met – ALL CCG’S WITH THE EXCEPTION OF BURY\*** |
| Adults with BMI > 50kg/m2 who are being considered for bariatric surgery | [ ]  **OR** |
| Adults with BMI 35kg/m2 and above | [ ]  **OR** |
| Adults with eating disorders associated with their obesity (BMI 35kg/m2 and above). | [ ]  **OR** |
| Pregnant women with BMI 35kg/m2 and above. **\*\* please provide EDD and relevant info in ‘other’ box\*\*** | [ ]  |
| Adults from Black and Minority Ethnic (BAME) communities with BMI 35 kg/m2 | [ ]  |
| **\*FOR BURY\*** Adults on the Bariatric pathway with BMI 40kg/m2 and above. | [ ]  |

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| **Medical conditions** |
| Chronic Kidney Disease | [ ]  | Hypercholesterolemia | [ ]  | High Blood Pressure (medicated) | [ ]  |
| CVD; including atrial fibrillation, hypertension, stroke TIA and/or angina | [ ]  | Pre-diabetes  | [ ]  | High Blood Pressure (not medicated) | [ ]  |
| CHD such as previous MI or angina | [ ]  | Cancer or treated for cancer in the last 5 years | [ ]  | Mental Health Condition | [ ]  |
| Diabetes (Type 1 Insulin-dependent) | [ ]  | Dementia | [ ]  | MS or MND | [ ]  |
| Diabetes (Type 2 non-Insulin dependent) | [ ]  | Depression / anxiety | [ ]  | MSK pain / inflammatory condition including arthritis and fibromyalgia | [ ]  |
| Diabetes (Type 2 Insulin dependent) | [ ]  | Epilepsy | [ ]  | Osteoporosis | [ ]  |
| Heart Failure | [ ]  | Respiratory disease, including asthma and chronic pulmonary disease  | [ ]  | Respiratory disease; including asthma and COPD  | [ ]  |
| Fatty liver | [ ]  | Hypothyroidism  | [ ]  | Sleep apnoea | [ ]  |
| If other please detail:  |  |

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| **Saxenda** | **Y/N** |
| Does your patient wished to be considered for Saxenda? |  |
| **Referral criteria for Saxenda – \*\*Referrer PLEASE CONFIRM that all of the following three criteria are be met\*\***  |  |
| BMI of at least 35 kg/m2  |  |
| Non-diabetic hyperglycaemia:* HbA1c **42 to 47 mmol** / mol (6.0 to 6.4%) or Fasting plasma glucose 5.5 to 6.9 mmol/l
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| High risk of cardiovascular disease. Based on risk factors such as Hypertension and dyslipidaemia* Total cholesterol > 5 mmol/L
* Systolic Blood Pressure > 140 mmHg
* HDL-C < 1.0 mmol/L for men
* HDL-C < 1.3 mmol/L for women
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| Does your patient meet the above criteria for Saxenda? |  |
| Do you have supporting bloods to confirm eligibility? |  |

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| **Medical History (relevant to this referral)** |

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| **Current Medication** |

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| **Biomedical readings (dated within the last three months):** |
| **Full lipid profile please** |
| **HbA1c** |  | **Date:** |  |
| **Fasting Glucose**  |  | **Date:** |  |
| **TFTs** (a normal result from within the last 24months is accepted) | **Date:** |  |
| **TSH** |  | **Date:** |  |
| **T4** |  |  |  |
| **Cholesterol** |  |
| **HDL** |  |
| **LDL** |  |
| **Triglycerides**  |  |
| **eGFR** |  |

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| **Referral Source details** |
| Patient’s Surgery Name: |   |
| Surgery Address:  |
| Surgery Postcode:  | Surgery contact number:  |
| Referrer’s name: |  | Referrer’s profession: |  |
| Referrer’s Email: |  | Date of referral: |  |

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| **Exclusion Criteria\***Please NOTE – patients referred who suffer from the following conditions will be excluded: |
| Uncontrolled alcohol or drug dependency. |
| Poorly controlled major mental health illness, such as psychosis, severe depression, bulimia nervosa. |
| Newly diagnosed or uncontrolled hypothyroidism. |
| Chronic kidney disease stage 4+ requiring specialist renal advice. |
| Decompensated liver disease requiring specialist hepatic advice. |
| \* Patients found to have a score of severe anxiety/depression will be assessed on an individual basis |

Please email to morelife.GM.SAWM@nhs.net with any supplementary patient pathology records which need to accompany the referral form.

If you have any questions, please feel free to call us on 0161 511 0300