Morelife

Referral Form

Please complete the details below to refer a patient to our FREE services.

Once the form has been completed, please email it to our secure inbox

*morelife.sussex@nhs.net*and our friendly team will be in touch within 5 working days.

|  |
| --- |
| Referral Source Details |
| Referrer’s Name: |  |
| Organisation details/relationship to the referred person: |
|  |
| Referrer’s Email: |  | Date of referral: |  |

|  |
| --- |
| Details of Referred Person |
| Title: |  | Date of birth: |  |
| First name: |  | Surname: |  |
| Email address: |  | Contact number: |  |
| Address: |  | Postcode: |  |
| Gender: |  | Male | Female | Non-binary | Prefer not to say |  |

|  |
| --- |
| Ethnicity |
| Does the patient speak English? | Yes No Needs an interpreter |
| White Asian/Asian BritishWhite British IndianWhite Irish PakistaniBangladeshiOther ethnic groupsChineseArabAny other Asian backgroundAny other ethnic groupMixed/Multiple ethnic groupsBlack/African/Caribbean/Black BritishMixed White and Black CaribbeanAfricanMixed White and Black AfricanCaribbeanMixed White and AsianAny other Black/African/Caribbean backgroundAny other mixed/multiple ethnic background |

|  |
| --- |
| Current Medical Information |
| Height (m): |  | Weight (kg): |  | BMI: |  |
| Does the patient have children? | Yes No |
| Is the patient being referred currently pregnant? | Yes No |
| If yes, please provide due date | Day: |  | Month: |  | Year: |  |
| Select the required service: |
| Adult Weight Management |

|  |
| --- |
| Consent |
| I/the patient consent to the Morelife team contacting me/them via (please tick boxes): |
| Telephone | SMS/text message |
| Email | Post |
| Please be aware that if you have not selected one of the boxes above, we are unable to make contact with you. |
|  I am happy for a voicemail to be left if I do not answer my phone: |

Use this area to supply further information if necessary:

|  |
| --- |
| Exclusion Criteria |
| Please ensure that referred persons meet the eligibility criteria which can be found on our website. Please note patients will be excluded if they: |
| Have an eating disorder |
| Have an underlying medical cause for obesity and would benefit from more intensive clinical management than a Tier 2 service |
| Have significant complex or unstable co-morbidity, or have complex needs requiring specialist support, as identified by their GP or other healthcare professional |
| Not a resident of Sussex |

Please email to *morelife.sussex@nhs.net*or return via post to:

2nd floor Priestley Hall, Headingley Campus, Leeds Beckett University, Leeds, LS6 3QJ