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*](mailto:morelife.sussex@nhs.net)and our friendly team will be in touch within 5 working days.

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

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| 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 | | | |  |

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| Ethnicity | |
| Does the patient speak English? | Yes No Needs an interpreter |
| White Asian/Asian British  White British Indian  White Irish Pakistani  Bangladeshi  Other ethnic groups  Chinese  Arab  Any other Asian background  Any other ethnic group  Mixed/Multiple ethnic groups  Black/African/Caribbean/Black British  Mixed White and Black Caribbean  African  Mixed White and Black African  Caribbean  Mixed White and Asian  Any other Black/African/Caribbean background  Any other mixed/multiple ethnic background | |

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| 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 | | | | | | | | | | | | | |

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| 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:

|  |
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| 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*](mailto:morelife.sussex@nhs.net)or return via post to:

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