

REFERRAL FORM FOR THE BNSSG TIER 3 MULTI-DISCIPLINARY WEIGHT MANAGEMENT SERVICE (BNSSG PATIENTS)

Multi-Disciplinary Weight Management Service

This service provides assessment and management of BNSSG patients with severe or complex obesity. It offers a specialist multi-disciplinary weight management assessment (including psychological, dietitian and medical/surgical support), followed by a 6-12 month programme of care comprising of group and individual treatment sessions with the following key aims:

- To encourage long term behaviour change through promoting healthy eating, physical activity and recognising the psychological barriers to unhealthy relationships with food;
- To prevent / reduce / improve the management of any co-morbidities associated with severe obesity together with costs associated with these;
- Where appropriate, refer patients for Tier 4 surgical assessment and prepare these patients by supporting them to understand the risks of the surgery, the need for behaviour change pre and post-operatively and to assist in the decision making process.

To Note:

Please fill in all sections of the referral form along with any other information you think is relevant to this patient's case. Please could you ensure that the relevant blood tests in section 2b have been completed and the results (within the last 3 months) attached. **The referral will not be accepted unless the referral form is complete and all of the blood tests have been completed.**

Criteria for Referral to the BNSSG Tier 3 Multi-Disciplinary Weight Management Service

The Criteria Based Assess policy for this service is available on the relevant CCG website.

In order to refer a patient to this service they must be in one of the following three categories* (✓)

| | |
|---|--|
| BMI $\geq 40^1$ without co-morbidities and patient has actively/persistently engaged with losing weight over the last 2 years with a structured tier 2 or equivalent programme. | |
| BMI $\geq 35^1$ with co-morbidities (established cardiovascular disease, type 2 diabetes, hypertension, obstructive sleep apnoea, NASH or idiopathic intracranial hypertension) and patient has actively/persistently engaged with losing weight over the last 2 years with a structured tier 2 or equivalent programme. | |
| BMI $\geq 50^1$ | |

¹a tolerance of BMI 2.5 on each criteria above for at risk groups: black African, Caribbean and South Asian origin.

Status & entry criteria* (✓)

In order for the patient to be successfully referred to the BNSSG Tier 3 Multi-Disciplinary Weight Management service the following questions must all be answered positively:

| | |
|--|--|
| Patient does not have a significant mental health disorder that would prevent engagement with the service. | |
| Patient does not have active binge eating disorder or bulimia nervosa | |
| Patient does not have an active history of substance/alcohol misuse or dependence | |

| | |
|---|--|
| Patient has not been referred and then left the service early within the last 12 months | |
| Patient is not pregnant | |
| Patient in agreement with referral to weight management team and understand they must demonstrate a long-term commitment to making lifestyle changes (dietary and activity) | |

Thank you for referring your patient to North Bristol NHS Trust

Part 1 – Patient Information

| | | | |
|-------------------------------|--|-------------------|--|
| Name | | | |
| Address | | | |
| Date of Birth | | | |
| Telephone | | | |
| Mobile | | | |
| Email | | | |
| NHS Number | | | |
| GP Name | | | |
| GP Address | | | |
| Weight (kg) | | Height (m) | |
| BMI (kg/m²) | | BP (mmHg) | |

Part 2a: Medical Assessment

Co-morbidities

| | | | |
|--|------------|-----------|-----------------------|
| | Yes | No | Year diagnosed |
|--|------------|-----------|-----------------------|

| | | | |
|--------------------------------------|--|--|--|
| Type 2 Diabetes | | | |
| Hypertension | | | |
| Obstructive Sleep Apnoea | | | |
| Heart Disease | | | |
| NASH | | | |
| Idiopathic intracranial hypertension | | | |

Other significant medical or mental health history – or attach EMIS print out

| Medical Diagnosis | Current Treatment |
|-------------------|-------------------|
| | |
| | |
| | |
| | |

Medications – please write below or attach current list

| Medication | Dose | Medication | Dose | Medication | Dose |
|------------|------|------------|------|------------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part 2b: Investigations/Blood Test Results

The following blood test results should be attached to the referral:

Full blood count
 Urea and electrolytes
 Liver function tests and Fib-4
 Calcium and Vitamin D

B12 and folate
 Thyroid function tests (TSH)
 Fasting lipid profile
 HbA1c

| | | | |
|---|------------|-----------|---------------|
| Has patient had bariatric surgery before? | Yes | No | |
| | | | |
| Is patient keen on weight loss surgery, should this be an appropriate option for them? | Yes | No | Unsure |
| | | | |

| Name of Referring Doctor | Signature | Date |
|---------------------------------|------------------|-------------|
| | | |

Please submit this via e-referral system.

For enquiries please contact our weight management co-ordinator on 0117 4141028.