

OBESITY REFERRALS INTO TIER 3

DO NOT REFER PATIENTS WITH UNSTABLE IHD/HYPERTENSION/CLINICAL DEPRESSION/BMI LESS THAN 50

Completed referrals to be sent to:

Gateway Primary Care, Chatham House, Chatham Street, Rotherham S65 1DA

Referring Clinician:

Patient's Details:

<p>GP Name: Address:</p> <p>Tel No:</p>	<p>NHS No: Name: Address:</p> <p>Tel No (home & mobile): DOB: Male/Female</p>
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Weight:	Height:	BMI:	BP:
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Results of baseline investigations:				
FBC	U&E	TSH	LFT	HBA1c

PMH:				
Diabetes <input type="checkbox"/>	IHD/Heart Failure <input type="checkbox"/>	Hypertension <input type="checkbox"/>	CVA/PVD <input type="checkbox"/>	
Obstructive Sleep Apnoea <input type="checkbox"/>	OA <input type="checkbox"/>	Depression/Anxiety <input type="checkbox"/>	Other <input type="checkbox"/>	

History of weight loss attempts/previous referrals/surgery/weight loss medication

Social Circumstances:

Current Medication:	Allergies:
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