

Outpatient Dietetic Service Weight Management Referral Form

PLEASE NOTE: We can only provide a dietetic service to patients registered with a Somerset GP **with** either a **Body Mass Index (BMI)** of

a.) **>35kg/m²**

b.) **>30kg/m² with comorbidities. Recognised comorbidities include cardiovascular disease, high blood pressure, high cholesterol, Type 2 diabetes ONLY, idiopathic intracranial hypertension, obstructive sleep apnoea, osteoarthritis, polycystic ovary syndrome, and non-alcoholic fatty liver disease.**

If you are overweight (>25kg/m²) but do not meet the above criteria, please visit the Healthy Somerset website at www.healthysomerset.co.uk/weight/ for further information on weight loss programmes in your area.

This service provides specialist advice to support people that wish to lose weight and have a BMI of at least 30kg/m². This self-referral form should be completed if you are finding it difficult to lose weight after implementing the dietary advice recommended in the webinars.

This is a new service so we would welcome any feedback on your experience of accessing this service and using this form to improve our offer to patients. Please send any comments to the email address overleaf. Thank you.

Patient Details

Name	<input type="text"/>	Date of Birth	<input type="text"/>
NHS Number (if known)	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>	Telephone Number	<input type="text"/>
GP Name	<input type="text"/>	<input type="text"/>	
GP Surgery	<input type="text"/>		

If you are completing this form either with or on behalf of the patient, please provide further information by filling in the boxes below.

Does the patient consent to this referral being made: Yes No*

Your name	<input type="text"/>	Your relationship to the Patient named above	<input type="text"/>
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Your email address

Your telephone
Number

***Please note that we will not be able to process this referral without the consent of the patient.**

Please state your ethnicity:

White	A	<input type="checkbox"/> British	Asian or Asian British	H	<input type="checkbox"/> Indian
	B	<input type="checkbox"/> Irish		J	<input type="checkbox"/> Pakistani
	C	<input type="checkbox"/> Any other white background		K	<input type="checkbox"/> Bangladeshi
Mixed	D	<input type="checkbox"/> White and Black Caribbean	L	<input type="checkbox"/> Any other Asian background	
	E	<input type="checkbox"/> White and Black African	Black or Black British		
	F	<input type="checkbox"/> White and Asian	M	<input type="checkbox"/> Caribbean	
	G	<input type="checkbox"/> Any other mixed background	N	<input type="checkbox"/> African	
			P	<input type="checkbox"/> Any other Black background	
		Other	Z	<input type="checkbox"/> Not stated	

Weight History (this section must be completed)

Date	Weight (kg)	Height (m)	BMI (kg/m ²)

PLEASE NOTE: We must have a current weight for this referral to be processed. If you do not have scales at home, please visit your surgery or local pharmacy to be weighed and measured.

You can use the [NHS BMI Calculator](http://www.nhs.uk/live-well/healthy-weight/bmi-calculator/) (www.nhs.uk/live-well/healthy-weight/bmi-calculator/) to fill out the BMI section of the table.

Medical History

Do you have any of the following health conditions? Please tick all that apply.

Cardiovascular Disease	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>
Type 2 Diabetes ONLY. For Type 1 Diabetes please contact your diabetes team	<input type="checkbox"/>
Idiopathic Intracranial Hypertension	<input type="checkbox"/>
Obstructive Sleep Apnoea	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>
Non-Alcoholic Fatty Liver Disease (NAFLD)	<input type="checkbox"/>
Polycystic Ovary Syndrome (PCOS)	<input type="checkbox"/>

Other (please specify):

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PLEASE NOTE: If you have a BMI of less than 35kg/m² and do not have any of the above health conditions, your referral will be rejected, and you will not be offered an appointment.

Aims

Please state what you would like to achieve by seeing a dietitian.

Please fill in the form and either:

Post to: Community Dietitians, 1st Floor, Bridgwater House, King Square, Bridgwater, Somerset, TA6 3AR

Please note that this is a correspondence address only. Please do not hand return self-referral forms to this address, as we cannot guarantee that it will safely reach us. We thank you for your understanding.

Email to: dieteticsreferrals@somersetft.nhs.uk

Please note that using public email services is not secure. Somerset NHS Foundation Trust cannot accept responsibility for any email correspondence until it reaches us. We will send you an acknowledgement to confirm receipt of your email. You may wish to consider sending your email encrypted. If you are in any doubt about sending your form by email, then you should post this to us at the address at the top of this self-referral form.

Thank you for completing this form. What happens next?

Once you have completed this form, please post it to the address at the top of the first page. Your referral will be triaged by a dietitian, and you will be offered an appointment, if appropriate. **If you have not heard back from the dietetic service within 4 weeks, please contact us on 01278 447407 to check we have received your referral.**