**Up!Up! – Living lighter, the African and Caribbean way referral Form**

Up!Up! is a 12-week Tier 2 weight management programme specifically tailored and intended for people of Black African and Black Caribbean heritage. However patients of other backgrounds **can not** be actively excluded.

**If your patient has a BMI over 40kg/m2, you may wish to consider a referral to the SEL Tier 3 Healthy Weight Management Programme. Tier 3 weight management services are for patients living with complex obesity who may benefit from the input of a multidisciplinary team.**

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| **Inclusion criteria:*** Registered with a GP in Lewisham or a Lewisham resident
* Aged 18 or over
* Able to speak and read English
* Motivated to change lifestyle behaviours
* Waist circumference over 80cm (32 inches) for women and over 94cm (37 inches) for men

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| **BMI criteria** |
| **Ethnicity** | **BMI (kg/m2)** |
| Black African/Caribbean, Black other, South Asian, East Asian  | ≥27.5 |
| All other ethnicities | ≥30.0 |

 | **Exclusion criteria:*** Pregnant or planning pregnancy
* Those receiving palliative or end of life care
* Myocardial infarction or stroke within the last 3 months
* For patient safety, blood pressure readings of >180 mmHg systolic OR >120 mmHg diastolic taken within the last 6 months (consider re-referral when blood pressure is optimised)
* Clinically diagnosed eating disorder
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**Your referral will be rejected if information in shaded boxes is not completed or attached.**

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| **Screening Criteria** |
| **Date of Birth:** |  |
| **Ethnicity:** |  |
| **Height:** |  |
| **Weight:** |  |
| **BMI:** |  |
| **Blood Pressure:***(within last 6 months)* | Systolic:Diastolic: |
| **Diabetes Status:** | [ ]  Prediabetes [ ]  T2DM (Date of diagnosis: )[ ]  No diabetes diagnosis |
| **Obesity comorbidities present:** | [ ]  Hypertension[ ]  Idiopathic Intracranial Hypertension[ ]  NAFLD, NASH or other hepatic steatosis[ ]  Obstructive Sleep Apnoea or Obesity Hypoventilation Syndrome[ ]  Previous stroke or MI[ ]  Chronic pain[ ]  Osteoarthritis |
| **Is this patient pregnant?** | [ ]  Yes[ ]  No |
| **Has this patient had a recent diagnosis of cancer, or is currently receiving active cancer treatment?** | [ ]  Yes[ ]  No |
| **Has this patient had a myocardial infarction or stroke within the last 3 months?** | [ ]  Yes[ ]  No |
| **Is this patient safe to perform physical activity at moderate intensity?** | [ ]  Yes[ ]  No |
| **Is the patient awaiting or undergoing physiotherapy?** | [ ]  Yes[ ]  No |
| **Are there any safety OR security issues involved seeing this patient?** | [ ]  Yes[ ]  No |

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| **Patient Details** |
| **Title:** | [ ]  Mr[ ]  Mrs [ ]  Miss [ ]  Other (Specify: )  |
| **Name:** |  |
| **Address:**  |  | Postcode: |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **NHS number:** |  |
| **Gender:**  | [ ]  Male[ ]  Female[ ]  Other (Specify: ) |
| **GP Surgery:** |  |
|  |
| **Referrer Details** |
| **Name:** |  |
| **Occupation:** |  |
| **Email address:** |  |
|  |  |
| **Relevant Medical History**Please detail relevant medical history |
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| **Referrer and patient consent** |
| The referral has been discussed with the patient - they are willing to engage with a 12-week weight management programme and give their consent for this referral.Please tick to confirm the above [ ]  |
|  |
| **Complete Referral** |
| Please send completed referral form via email to [gst-tr.up.up@nhs.net](file:///C%3A%5CUsers%5Ccmanancourtadolphe%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C4M1IEYO9%5CUp.Up%40nhs.net)  |