**Single point of Access Tier 2**

**Southwark Healthy Lifestyle Hub Referral Form / GSTT Tier 2 Weight Management Form**

**To be completed by the referrer**

**All patient data is stored securely in accordance with Data Protection guidelines**

For information on free Healthy Weight Training for health care professionals [Southwark Healthy Weight Training](https://southwarkhealthyweight.com/)

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| Patient Details | | | | | | | | | | |
| Title: | Mr/Mrs/Ms/Miss/Other: | **Date of Birth:** | |  | | | | | | |
| First Name |  | **Ethnicity** | | Prefer not to say | | | | | | |
| Surname: |  | **Gender:** | | Male |  | | Female |  | | |
| Address: |  | | | | | | | | | |
| Spoken language |  | | **Translator required** | | | Yes ☐ No ☐ | | | | |
| Postcode: |  | | **NHS Number:** | | |  | | | | |
| Telephone: |  | | **Mobile:** | | |  | | | | |
| Can leave message: | i.e. Voicemail or SMS Yes ☐ No ☐ | | | | | | | | | |
| Email address: |  | | **GP Surgery:** | | |  | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please tick the service that the patient would like to be referred to (more than one may be selected) | | | | | | | | | | | | Supportive Physical Activity / Exercise on Referral (please ensure you refer to the eligibility criteria in the appendix 1 below prior to referral) | | | | | | | | |  | | | Tier 2 Weight loss (please ensure you refer to the eligibility criteria in the appendix 1 below for current Tier 2 Adult Weight Loss/Management Services prior to referral) | | | | | | | | |  | | | Stop Smoking Service | | | | | | | | |  | | | Talking therapies (IAPT) Southwark (please ensure you refer to the eligibility criteria in the appendix below) | | | | | | | | |  | | | Please complete the following measurements | | | | **Please tick if the patient has any of the below health issues** | | | | | | | | Height: |  | Date: |  | Obstructive sleep apnoea |  | Type 2 diabetes | | |  | | | Weight: |  | Date: |  | Fatty Liver disease |  | Prediabetes | | |  | | | BMI: |  | Date: |  | Hypertension |  | Uncontrolled hypertension | | |  | | | Blood Pressure: |  | Date: |  | Polycystic ovary syndrome |  | Osteoarthritis | | |  | | |  |  |  |  | Depression |  |  | | |  | | | Has a 10-year cardiovascular risk of more than or equal to 10%, using QRisk2 or QRisk3 | | | | | | Yes |  | No | |  | | | | | | | | | | | |
| Has the patient consented to being referred onto the service(s)? | | | | | | Yes | |  | No |  |
| Is this patient safe to exercise? | | | | | | Yes | |  | No |  |
| Is the patient awaiting or undergoing physiotherapy? | | | | | | Yes | |  | No |  |
| Does the person have a learning disability (please give details)?  If yes please give details | | | | | | Yes | |  | No |  |
| Are there any safety OR security issues involved in seeing this patient?  If yes please give details | | | | | | Yes | |  | No |  |
| Does the person have complex mental health needs?  If yes please give details | | | | | | Yes | |  | No |  |
| Is the patient pregnant, or given birth within the last 6 weeks? (please note, pregnant or recently pregnant patients will not be eligible for weight management) | | | | | | Yes | |  | No |  |
| Is the patient currently in receipt of cancer treatment? | | | | | | Yes | |  | No |  |

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| **Relevant Medications** |
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| Referrer Name: |  | Referral Job Title: |  |
| Referring Organisation: |  | **Referral Date:** |  |

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| Consent: | |
| I confirm that the patient has agreed to be referred to the above services and to share their data with Everyone Health | |
| Referrer’s Name: |  |

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| Please send the completed referral form via e-mail to [Southwark.referrals@nhs.net](mailto:Southwark.referrals@nhs.net) |

**Appendix 1: Current services and eligibility criteria**

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| **Weight loss/management** |
| **WW (weight watchers)**  WW vouchers via Everyone Health are only available to patients free of charge once per year.  To note, if someone has been to WW as a paying customer in the last 3 months, they would not be eligible for the vouchers  Inclusion   * Aged 18 years of age or above, * A Southwark resident or be registered with a GP practice in Southwark * Have a BMI ≥ 25 (or ≥ 23.5 if South or East Asian; Black African; Black Caribbean)   Exclusion:   * Pregnant * Has participated in WW (Weight Watchers) in the last 3 months |
| **GSTT Weight Management**  inclusion   * Aged 18 years of age or above, * A Southwark resident or be registered with a GP practice in Southwark * Have a BMI ≥ 30 (or ≥ 27.5 if South or East Asian; Black African; Black Caribbean)   Exclusions:   * Pregnant * Has participated in GSTT weight management in the last 12 months * Currently receiving active cancer treatment |
| **Gutless weight management (men only)**   * Aged 16 years of age or above, * A Southwark resident or be registered with a GP practice in Southwark * Have a BMI ≥ 25 (or ≥ 23.5 if South or East Asian; Black African; Black Caribbean) |