**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  |  |  |  | | --- | --- | --- | | **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 |



**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:** |  | | |
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| **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:\Users\cmanancourtadolphe\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\4M1IEYO9\Up.Up@nhs.net) | | | |