**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:** |  |
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| 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 |[ ]

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| 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 |

**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 vouchersInclusion * 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
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| **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
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| **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)
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