**Everyone Health Enfield**

**Adult Weight Management Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | | | | | | |
| Mr | ☐ | Mrs | ☐ | Miss | ☐ | Ms | ☐ | Other | ☐ | Transgender | ☐ |
| First Name |  |  |  | Surname |  | | | DOB | ../../.. | Age |  |
| Gender |  | | | Surgery |  | | | Carer |  | | |
| Address |  | | | Postcode |  | | | Telephone Number |  | | |
| Email |  | | | NHS Number |  | | | Mobile Number |  | | |
| **Medical Conditions and Relevant Conditions** | | | | | | | | | | | |
| Anxiety/ Depression |  | Asthma |  | Cardiovascular Disease |  | Disability |  | Pre-Diabetes |  | Osteoporosis |  |
| Chronic Fatigue Syndrome |  | Dyslipidemia |  | Epilepsy |  | Severe Mental Illness |  | Type 1 Diabetes |  | Musculoskeletal Disorders (MSD) |  |
| Fibromyalgia |  | Hypertension |  | Sleep Apnea |  | Learning Disability |  | Type 2 Diabetes |  | Metabolic Syndrome |  |
| Post Bariatric Surgery |  | Pre-Bariatric Surgery |  | Other (please state) |  |  |  |  |  |  |  |
| **Relevant Medication and Other Considerations/Co-Pathologies** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Measurements:** | | | | | | | | | | | |
| Height: | | | | | | BMI: | | | | | |
| Weight: | | | | | | Blood Pressure: | | | | | |
| **Consent** | | | | | | | | | | | |
| **Please confirm you have discussed this referral with the patient and they wish to engage in the Healthy Lifestyle Service** | | | | | | | | | | | ☐ |
| **I confirm that the patient has agreed to share his/her data with Everyone Health** | | | | | | | | | | | ☐ |
| Referrer's Name: | | | | | | Referring Organisation: | | | | | |
| Referrer's Job Title: | | | | | | Date: | | | | | |

**Service**: **Tier 2 Adult Weight Management**: BMI ≥ 25kg/m² (adjusted to 23kg/m² in people of Black African, African-Caribbean and Asian origin). Resides in one of the following: Lower or Upper Edmonton, Edmonton Green, Jubilee, Haselbury, Ponders End, Enfield Highway, Southbury, Turkey Street, Enfield Lock. **To be completed by the referring Health Professional (all Health Professionals can refer).**

**Please send completed referral form via one of the methods below**

**Email:** [clinical.contactcentre@nhs.net](mailto:clinical.contactcentre@nhs.net) **or Telephone: 03330050095**

**All patient data will be kept securely and in accordance with Data Protection and Caldicott guidelines**