

# The Royal Borough of Windsor & Maidenhead

## Adult Weight Management

### Referral Form

**Service: Tier 2 Adult Weight Management:** (BMI > 30kg/m<sup>2</sup> or 27kg/m<sup>2</sup> with comorbidities, or high-risk group without, or people from people from South Asian, Chinese, black African and African-Caribbean populations. To be completed by the referring Health Professional (all Health Professionals can refer).

Patient Details											
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
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											<input type="checkbox"/>
I confirm that the patient has agreed to share his/her data with Everyone Health											<input type="checkbox"/>
Referrer's Name:						Referring Organisation:					
Referrer's Job Title:						Date:					

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

Email: [clinical.contactcentre@nhs.net](mailto:clinical.contactcentre@nhs.net) or Telephone: 0333 005 0095



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