

## Weight Management Referral to Healthy Lifestyle HUB

### Essential Referral Dataset: (without this information we cannot process the referral)

#### Patient Details

Name: [Click here to enter text.](#)

NHS No: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Postcode: [Click here to enter text.](#)

D.O.B. [dd/mm/yyyy](#)

Tel: (hm) [home number](#) (mob) [mobile number](#)

Can we contact the patient by telephone? Yes ☐ No ☐

Please indicate in the box below if the patient has any cultural/communication barriers that we need to be aware of. *Details of communication issues/needs (eg: interpretation requirements, hearing loss)*

#### Referrer Details

Name: [Click here to enter text.](#)

Profession: [Click here to enter text.](#)

Surgery / Department: [Click here to enter text.](#)

GP name/Practice (*if not referrer*): [Click here to enter GP name/Practice.](#)

Postcode / Box No: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Date of Referral: [dd/mm/yyyy](#)

#### Defined Co-morbidities: please tick if any present to your knowledge

Type 2 Diabetes (HbA1c=>48)	<input type="checkbox"/>	Previous gestational diabetes	<input type="checkbox"/>
Severe osteoarthritis eg: requiring listing for joint replacement or in severe pain uncontrollable with analgesics	<input type="checkbox"/>	Sleep apnoea	<input type="checkbox"/>

#### Clinical Metrics (Recorded within 6 months unless indicated with an asterisk\*)

Height\* (*measured not self-report*): [Enter height m](#) Weight: [Enter weight kg](#) BMI: [Enter BMI](#)

Smoking Status: ☐ current ☐ ex-smoker ☐ never smoked

Blood pressure: Systolic: [Enter text](#) Diastolic: [Enter text](#) Is patient receiving medication to manage BP? Yes ☐ No ☐

Lipids (non fasting): Total [Enter text](#) mmol/L HDL [Enter text](#) mmol/L Total-C : HDL-C ratio [Enter text](#) is patient receiving medication to manage blood lipids? Yes ☐ No ☐

#### Contraindications to exercise: please tick if any present to your knowledge

Medical professional has advised the patient not to exercise	<input type="checkbox"/>	Uncontrolled Asthma	<input type="checkbox"/>
Unstable angina	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>
Uncontrolled atrial or ventricular arrhythmias	<input type="checkbox"/>	Aneurysm	<input type="checkbox"/>
Has <b>not</b> completed a supervised rehab programme following MI or cardiac surgery	<input type="checkbox"/>	Unstable or acute heart failure	<input type="checkbox"/>

**Any other relevant information:** (including past cardiac conditions, communication issues, known eating disorders)  
[Click here to enter any other relevant information.](#)

*The following information would be useful:*

Gender: [Enter gender](#) Ethnicity: [Enter ethnicity](#) Family history of CHD: (male <55yrs, female <65yrs) YES ☐ NO ☐

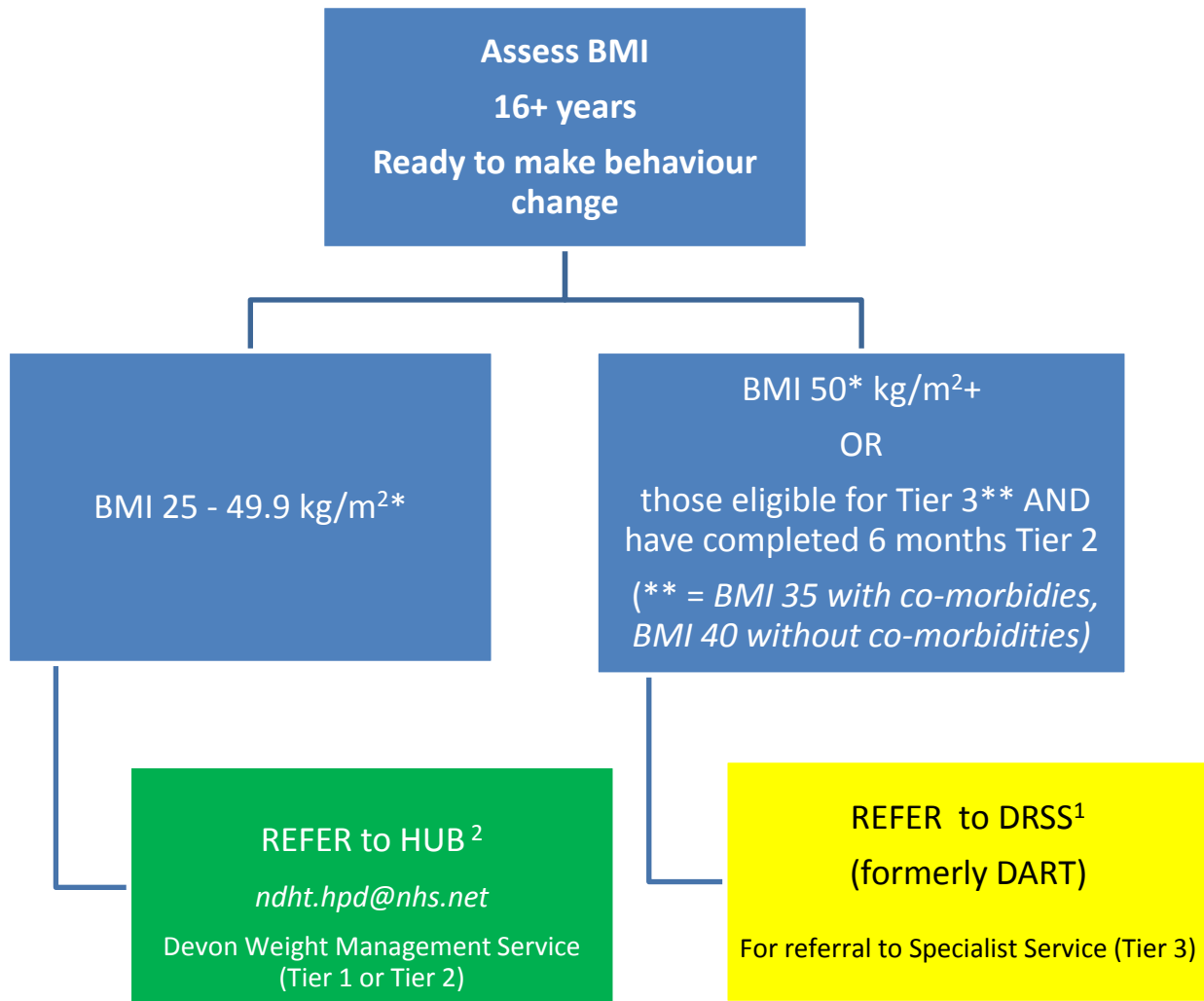
Is client achieving 150 mins/week of moderate physical activity? YES ☐ NO ☐ [Enter additional comments here.](#)

Is the patient pregnant? YES ☐ NO ☐

Patient's email address: [Click to enter email](#)

Please email/send this form to the Healthy Lifestyles HUB administered by Health Promotion Devon: **E-Mail:** [ndht.hpd@nhs.net](mailto:ndht.hpd@nhs.net)  
**Post:** Culm Valley Integrated Centre for Health, Willand Road, Cullompton, EX15 1FE, **Tel:** 01884 836024

# DEVON WEIGHT MANAGEMENT SERVICE: PATHWAY FOR REFERRING HEALTH PROFESSIONALS



1: Using usual Choose and Book process for referral to obesity management. NB Patients referred to tier 3 in Torbay and Plymouth need to be 18+

2: Use essential Referral data set for referral to the Hub

## Definition of Co-morbidities Devon County Council Area Tier 2

Type 2 diabetes or previous gestational diabetes

- ✓ Uncontrolled hypertension
- ✓ Patients whose Hyperlipidaemia is uncorrected by maximum tolerated doses of Statins.
- ✓ Sleep apnoea
- ✓ Severe Osteoarthritis eg: requiring listing for joint replacement or in severe pain uncontrollable with analgesics.

\* For Patients who are South Asian, Chinese, Black African or Caribbean, lower BMI thresholds should be applied. For all BMI thresholds use 2.5 kg/m² **less**. Eg: BMI 35 equivalent to 32.5.

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