



Blackburn with Darwen

REFERRAL FORM FOR LANCASHIRE & CUMBRIA BARIATRIC CONTRACT -BMI THE ALEXANDRA SPIRE MANCHESTER/SPIRE FYLDE

Referral Forms to be sent and authorised by referring PCT

Please use BLOCK CAPITALS and complete in full in black ink (any incomplete or inappropriate referrals will be returned)

Patient Details:	
Surname:	First Name(s):
Address:	
Tel Number:	Date of Birth:
	NHS Number:
GP Name/Practice:	GP Telephone Number:
	GP Fax Number:
	Date:

Measurements

Height (cm)	Weight (kg)
BMI (kg/m2)	Waist Circumference (cm)

Date of Most Recent Measurements:

Diagnosis & Clinical Details: (tick or enter year of occurrence)

(* = Essential information)

Diabetes *	Stroke	Osteoporosis	Sleep Apnoea
MI *	Cancer	Chronic Joint Pain	Epilepsy
Angina *	Renal	Thyroid Dysfunction	Psychiatric illness
Stroke *	COPD	Anxiety/Depression	Post Surgery
	Weight Related Infertility	History of Eating Disorder	
Others:			

Biochemistry

Cholesterol	mmol/L	TG	mmol/L	HDL	mmol/L
LDL	mmol/L	Fasting glucose	mol/L	HbA1c (diabetes only)	%
Blood Pressure	Mm/HG	Thyroid function tests, Biochemical profile (LFTs, U & Es), FBC			

Medication:

--



Blackburn with Darwen

Special Requirements:

Weight Management History:

Dietary Information:

Lifestyle Management:

Has your patient attended lifestyle & or weight management service for intervention in the last 12 months:

YES NO

If yes Details:

Have non-surgical measures been tried: YES NO

Details:

Anti-Obesity Drug Therapy – Copy of Prescribing Record Needed

	Drug Name	Drug Name
Date Prescribed		
Date Discontinued		
Reason Discontinued		
Dosage		
Weight Loss Outcomes (loss/gain)		
Other Measures (if applicable)		

Mental Health:

Are there any diagnosed psychological illnesses? (Details Attaches Separately) YES NO

Are there any specific clinical/psychological contraindication for this type of surgery? YES NO

Does the patient understand the need for follow up and long term compliance with altered lifestyle and dietary habit post-operatively? YES NO

Referring Doctor/Surgery	Print Name	Signed	Date
PCT Name	PCT Representative (Print Name)	Signed	Date
NHS Blackburn with Darwen	Zenab Patel		

Please attach all relevant medical history