**Patient Referral Form**

**Part A – GP/Nurse Consent** to be completed by a registered professional.

I recommend the above patient to participate in the *LifeShape* weight management service and confirm that I have assessed this patient and to my knowledge meets the referral criteria and that there is no medical reason why he/she should not participate. I confirm that I will keep the *LifeShape* Co-ordinator updated with any relevant health changes and that I have discussed the service with the patient.

|  |  |
| --- | --- |
| Name of referring health professional (print)  (Please tick: GP  PN |  |
| Signed: |  |
| Surgery/Health Centre: |  |
| Date: |  |

**Patient Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Address |  | | |
| Postcode |  | DOB |  |
| NHS Number |  | | |

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| --- |
| **Part B – Patient Consent** (to be completed by the patient before attending their initial consultation) I consent to participation in the *LifeShape* weight management service, the nature and purpose of which has been explained by my GP/referring health professional. I consent to the release of relevant medical information about myself to the *LifeShape* co-ordinator and partners\*. Information obtained will be treated as confidential, although it may be used in anonymous form for statistical or research purposes. I give permission for my GP/referring health professional to be kept informed on my progress and for the *LifeShape* co-ordinator and partners\* to contact me concerning my adherence to the programme.  Signed       Date  Telephone (Home)  Telephone (Work)  Mobile Telephone  Email Address  **\***South Glos Council, Weight Watchers |
|  |

**Part C – Medical Information** (All questions to be completed by the GP/referring health professional)

1. **Please tick to confirm that the patient meets the following criteria**

Aged 16 years or more.

If aged 16 to 18 years BMI equal to or greater than 98th centile on gender appropriate centile BMI charts, **OR** other reason stated by the clinician.

If aged 18 or above with a BMI ≥30 (BMI ≥28 with co-morbidities or BMI ≥27.5 if South Asian or Chinese).

Clinically stable.

Patient is committed to complete the intervention.

1. **Patient BMI (kg/m2)**

1. Has this referral been made as part of the NHS Health Check programme?

YES  NO

Once the referral form has been completed, please give one copy to the patient and email the form to [**lifeshape@southglos.gcsx.gov.uk**](mailto:lifeshape@southglos.gcsx.gov.uk)

**Please note:** The *LifeShape* Co-ordinator cannot issue Weight Watchers vouchers until they have received the patient referral form.

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| **PATIENTS FOOTNOTE** – Once this form has been completed and signed by both you and the referring health professional, please contact the *LifeShape* Co-ordinator by:  **Telephone – 01454 863020 or**  **E-mail -** [**lifeshape@southglos.gcsx.gov.uk**](mailto:lifeshape@southglos.gcsx.gov.uk) |

**Part D – About You** (to be completed by the patient prior to the consultation)

We welcome all individuals and communities. Asking these questions enables us to ensure that our work meets the needs of all and enables us to identify how we can improve our services.

Please answer the following questions. All your answers will be treated in the strictest confidence and will only be used to understand views and help improve our service.

|  |  |  |
| --- | --- | --- |
| Gender | Female  Male  Prefer not to say | |
| Do you consider yourself to be disabled? | No  Prefer not to say  Yes – physical impairment  Yes – sensory impairment  Yes – mental health condition  Yes – learning disability/difficulty  Yes – long standing illness or health condition  Yes - other | |
| Race | Asian/Asian British  Black/African/Caribbean/Black British  Gypsy or Traveller of Irish Heritage  Mixed/Multiple Ethnic Groups  White – English/Welsh/Scottish/Northern Irish/British  White – Irish  White – Other  Other ethnic group  Prefer not to say | |
| Religion and/or Belief\* | Buddhist  Christian  Hindu  Jewish  Muslim | Sikh  No religion  Any other religion (please state)  Prefer not to say |

**Part E – Information for Patients**

**What is *LifeShape?***

*LifeShape* is your local weight management service that helps people manage their weight. The service is a partnership between South Gloucestershire Council, Weight Watchers and your doctors and nurses.

*LifeShape* is a programme that involves 12 vouchers to attend your local Weight Watchers sessions and signposting to physical activities. The aim of the programme is to provide you with skills, knowledge and confidence to help you manage your weight more effectively.

Evidence shows that people who attend both exercise and nutrition sessions are more likely to succeed in sustained weight loss.

**How much does it cost?**

We provide vouchers for twelve free Weight Watchers sessions.

**What happens next?**

Once your local health professional has completed the referral form please ensure that Part B and Part D of the form are completed and then contact the *LifeShape* Co-ordinator on 01454 863 020. The *LifeShape* Co-ordinator will then discuss with you the offer of Weight Watchers vouchers and signposting to physical activity opportunities.

**Who can I contact for more information?**

If you have any questions please contact the *LifeShape* Co-ordinator on 01454 863 020 or e-mail [**lifeshape@southglos.gcsx.gov.uk**](mailto:lifeshape@southglos.gcsx.gov.uk)