**Referral requirements: All patients must have completed a recognised Tier 3 Weight Management Programme with the exception of patients from the East Riding.**

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| **TIER 4 BARIATRIC SURGICAL REFERRAL FORM** |
| Forenames: | Surname: |
| Contact Telephone No: | GP PracticeName, Address, Contact Telephone No: |
| Address:Postcode:Male: [ ]  Female:[ ]  |
| Ethnicity: | D.O.B: | NHS Number: |
| Height: | Weight: | BMI: |
| **Patient Consent: If patient is not present please seek verbal consent.** |
| **I agree that this information may be entered into a database and will be securely stored in accordance with the Data Protection Act and NHS Guidance. Signed: ………………………………………………….…………** |
| **If BMI Below 50 -Tier 3 Weight Management completed: - Hull** [ ]  **North Lincs** [ ]  **North East Lincs** [ ]   **Other………….……………………………………. Date completed ……/……. / 20………****Please attach Tier 3 Completion Summary/Exit Report.** |
| **The below baseline bloods must have been taken within the last 3 months.** **These are a Mandatory requirement for the referral to be accepted; please attach to the referral**  |
| Blood Pressure / | U&E’s | LFT’s | Bone Profile |
| Ferritin | Folate | Vitamin B12 | FBC |
| TSH | Vitamin D | HbA1c |
| Please complete Medication and medical history for all patients and append any further supporting information |
| [ ]  Hypertension | [ ] CHD/CVD | [ ]  Type 2 Diabetes | [ ]  Type 1 Diabetes |
| [ ]  PCOS | [ ] OSA; if yes treated [ ]  | [ ]  Mental Health history…………………..… | Exercise on Referral: Yes [ ]  No [ ] Completed: Yes [ ]  No [ ]   | Other:…………………… |
| [ ]  Medication and Medical history: |

***East Riding Criteria:*** *BMI 50+* ***or*** *if patient’s BMI is above 45 and below 49.9, the patient has* *to complete the Live Well Programme and on completion requires an IFR before a referral can be accepted.*

**Name of referrer**: ………………………………………………...…………………………………………………………..

**Job Title:** ………………………………………………………..………… **Date:**……………………………...………….

*Please Note: These forms are to be completed by Health Professionals only.* ***Any incomplete forms will be returned if Mandatory bloods are not attached.*** *Please submit the completed form via the eRS system, Bariatric/Obesity surgery Tier 4 TRIAGE-HULL University Teaching Hospitals (Castle Hill Hospital)- (RWA).*

**The service can be found by selecting:**

**Speciality:** GI and Liver, **Clinic type:** Upper GI including dyspepsia  **(**V9 – 24.05.2021)