[](https://www.google.com/url?sa=i&url=https://www.nhsjobs.com/employerdetails/164/mir14/mar1/Hull_University_Teaching_Hospitals_NHS_Trust&psig=AOvVaw0dWD-0IJIEsU6nvk9OVDBz&ust=1621950076335000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCJjAgIO54vACFQAAAAAdAAAAABAQ)**Referral requirements: All patients must have completed a recognised Tier 3 Weight Management Programme with the exception of patients from the East Riding.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TIER 4 BARIATRIC SURGICAL REFERRAL FORM** | | | | | | | | | | | | |
| Forenames: | | | | | | Surname: | | | | | | |
| Contact Telephone No: | | | | | | GP Practice  Name, 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)