



ADULT HEALTHY WEIGHT CLINIC REFERRAL

Please note that there is a separate referral form for paediatric patients. If you are referring several members of one family, please indicate this on the referral. If you believe that your patient needs an urgent review, then contact the service by telephone directly.

**THIS IS AN INDEFINITE REFERRAL
(please delete if not applicable)**

Please tick one of the boxes:

Dr Kathryn Williams (or equivalent practitioner) Adult Healthy Weight Clinic (any doctor available on the day)

Dear Doctor,

Thank you for seeing _____, Date of birth ___/___/___
of _____ (address of the patient)
Contact phone number _____ in consultation for weight management.

Date of measure: _____ Weight: _____ kg Height: _____ m

Calculated BMI: _____ kg/m² Waist Circumference: _____ cm

Is the patient Aboriginal or Torres Strait Islander? YES
Does the patient require an interpreter? YES Language: _____
Can the patient read and write? YES NO
Current smoker YES Quit smoking < 3 months ago? YES

The patient is *willing and capable* of engaging with an obesity service and understands that this usually means *multiple appointments with many different providers, involving mostly group sessions*. They understand that there is *no guarantee of access to public bariatric surgery* given its limited availability: YES NO

This patient may have problems attending groups and/or appointments due to: (tick all that apply)

Restriction to mobility Details: _____

Mental health Details: _____

Social circumstances/other Details: _____

Due to high demand, it is often not possible to accept referrals for patients living outside of the NBMLHD catchment area. Special consideration is made for those requiring other specialist care at Nepean Hospital and/or who do not have access to specialist obesity services in their own LHD.

You must attach the following to this referral for processing:

- A standard referral including medication list
- Recent pathology
- Supporting evidence for items listed on page 2

Name of Doctor: _____ Signature: _____ Provider No.: _____

Practice Address _____

Practice Phone Number: _____ Practice Fax Number: _____ Date: ___/___/___

Please see next page for referral criteria for your completion.

Please ensure that all relevant boxes on this page have been ticked and evidence is provided with this referral. Failure to provide evidence will delay acceptance of your patient onto the waitlist. Please note that patients need to be well enough to attend multiple appointments.

<p>BMI \geq 40 kg/m² and age < 75 years and any of the following →</p> <p>Objective supporting evidence is required for criteria 1-11</p> <p>(recent pathology, test result and/or specialist letter dated within the <u>last 5 years</u>)</p>	<p>1. Type 2 diabetes</p> <ul style="list-style-type: none"> • on multiple daily insulin injections (basal <i>and</i> bolus therapy) or • with HbA1c \geq 8.5% <u>within the last 3 months</u> or • age < 40 years <p>2. Metabolic dysfunction-associated steatotic liver disease with MASH or liver fibrosis \geq F2 (requires specialist letter, liver biopsy report or discharge summary)</p> <p>3. Severe obstructive sleep apnoea ± Obesity Hypoventilation Syndrome/Sleep-Related Hypoventilation ± Severe Pulmonary HT (requires specialist letter, sleep study or discharge summary)</p> <p>4. Heart failure (needs specialist letter or discharge summary)</p> <p>5. Benign/idiopathic intracranial hypertension (requires specialist letter or discharge summary)</p> <p>6. On dialysis where solute clearance targets are not being met due to obesity or diagnosis of Focal Segmental Glomerulosclerosis related to obesity (requires specialist letter or discharge summary)</p> <p>7. Dysfunctional uterine bleeding and/or thickened endometrial lining requiring gynaecological intervention or recent/current diagnosis of endometrial cancer (requires specialist letter or discharge summary)</p> <p>8. Asthma requiring regular respiratory specialist review and/or with \geq 2 presentations to hospital in the last 12 months (requires specialist letter or discharge summary)</p> <p>9. Recent frequent presentations to hospital (>2 within the last 6 months) or prolonged admission (> 1 month) due to obesity-related condition (requires specialist letter or discharge summary)</p> <p>10. In preparation for solid organ transplantation (not bone marrow) within the next 2 years, including those who are above the BMI/weight limit for listing (requires specialist letter)</p> <p>11. Needs major surgery within the next 12 months (cardiothoracic, abdominal, orthopaedic, neurosurgical, urological or gynaecological) and required to lose weight to reduce perioperative risk (requires specialist letter)</p> <p>12. Assessed as appropriate for bariatric surgery by a surgeon actively participating in the public bariatric surgery program (requires specialist letter)</p> <p>13. Planning pregnancy <u>within the next 24 months</u> and aged < 40 years (females only)</p> <p>14. Aboriginal and/ or Torres Strait Islander</p>
<p>BMI \geq 50 kg/m² and any of the following →</p> <p>Objective supporting evidence is required for criteria 16</p>	<p>15. Age < 40 years</p> <p>16. Age < 60 years and any one of the following (please circle the conditions that apply and provide appropriate supporting evidence):</p> <ul style="list-style-type: none"> • Type 2 diabetes, pre-diabetes or history of gestational diabetes mellitus • Severe or complicated hypertension; includes: <ul style="list-style-type: none"> → BP not controlled on \geq 3 agents or → evidence of end-organ effects from hypertension (e.g. LVH or albuminuria) • Atrial or ventricular arrhythmia • Recurrent cellulitis associated with chronic oedema of the legs • Chronic kidney disease stage 3 or higher • Mobility < 100m due to shortness of breath or pain that is likely to improve with weight loss
<p>BMI \geq 60 kg/m²</p>	<p>17. Willing and able to attend visits at Nepean Hospital using own transport</p> <p>18. Unable to leave home to visit clinic</p> <p>Reason: _____</p>
<p>Age 16 to < 18 years</p>	<p>19. Meeting criteria for KidsFit4Future clinic</p>