

SPECIALIST WEIGHT MANAGEMENT SERVICE – MDT CLINIC REFERRAL FORM

This service is for adults with complex obesity with a BMI of $\geq 35\text{kg/m}^2$ or Asian adults with a BMI $\geq 32\text{kg/m}^2$, with comorbid physical difficulties associated with obesity (e.g. diabetes; cardiac problems; hypertension; MSK condition) and psychological difficulties that are obesity-related (e.g. emotional/binge eating; anxiety/panic; depression, etc). who *agree to* and are *able* to attend the MDT Clinic.

You must attach a copy of the person's L3 assessment report and provide additional information to ensure this form is up to date.

CONSIDERATIONS BEFORE REFERRAL (Please read carefully)		
If the person has a history of poor attendance of compliance with medication or other treatment, or is unable to give weight loss a high priority, he or she may find it difficult to engage with the SWMS MDT Clinic and be at risk of being discharged. Please consider the referral carefully.		
REFERRER'S SIGNATURE	Signature: Designation:	Date of referral: Does this person know about the referral? Yes / No
PERSON'S DETAILS		
Name: Address: Postcode: Tel No:	GP Name & Address: Tel. No:	
Date of Birth: NHS Number/Patient ID:	Weight: Height: BMI (kg/m ²): Date Reported:	
REASON FOR REFERRAL (e.g. bariatric surgery; Wegovy; medical assessment, etc).		
ADDITIONAL INFORMATION to the LEVEL 3 ASSESSMENT (Please provide information that is additional to what was reported at the time of the L3 assessment. For example, medical investigations or diagnoses including anxiety, depression etc. Were they prediabetic at their L3 appointment but have since reportedly been diagnosed with T2DM. Please provide any information that will be relevant for the MDT assessment appointment)		
ENGAGEMENT WITH THE WIDER L3 SERVICE (Please provide information about the person's engagement with the wider L3 service. What intervention did they attend? What was their engagement and commitment to that intervention like? What changes, if any have they made?)		

Please complete all sections and send to: MDT Clinic Admin., Department of Nutrition and Dietetics, Teilo Ward, Glangwili Hospital, Carmarthen SA31 2AF.