





Adult and Adolescent Weight Management Referral Form

Statement of Consent (Referrer)

I have read and discussed the most suitable referral pathway and I am happy for the patient to participate in the Sandwell Primary Care Trust's Slimwell Programme.

Referrers Signature: \_\_\_\_\_

Please print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Statement of Consent (Patient)

I agree for the above information to be passed onto the practice and PCT staff involved in the Slimwell Programme. I understand that I am responsible for monitoring my own responses during exercise and will inform the facilitator of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

Patients Signature: \_\_\_\_\_

Please print Name: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

- Has patient been assigned a group: YES NO
- If no, why:

.....
.....

If yes, name of group.....

Name of group Lead.....

Patient Start Date .....

Please Return this Form to:
Pippa Badger
Business Support Officer
Food Team, Vision point, Vaughan Trading Estate, Sedgley Road East,
Tipton, West Midlands, DY4 7UJ

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### Contra-indications

The Food Policy Team will need to speak to a specialist clinician before allowing any patient with any of the following contra-indications onto the Slimwell Programme.			
NOTE TO REFERS: Please continue to refer patient with contra-indication to Food Policy Team who will investigate each case individually			
	TICK		TICK
Uncontrolled diabetes		Uncontrolled asthma	
Type I Diabetics		Emphysema	
Type II diabetic patients taking insulin injections		Chronic Obstructive Pulmonary Disorder (COPD)	
Type II diabetics taking Gliclazide, Glibenclamide, or Glimepiride		Bronchiectasis	
Type II diabetic patients on Narglinide or Repaglinide		Pulmonary Fibrosis	
Type II diabetic patients on Exenatide (Byetta)		Uncontrolled blood pressure	
Gastrointestinal Disorders (Coeliac Disease, Crohns Disease, Ulcerative colitis, Malabsorption, Prolonged Diarrhoea, Irritable Bowel Syndrome, GI surgery)		Uncontrolled tachycardia	
Osteoporosis (T Score $\geq$ 2.5)		Unstable or acute health failure	
Acute uncontrolled psychiatric illness		Uncontrolled/ unstable angina	

### National Codes

	Ethnicity	National Code
WHITE	White British	A
	White Irish	B
	Any other white background	C
MIXED	White and Black Caribbean	D
	White and Black African	E
	White and Asian	F
	Any other mixed background	G
Asian or Asian British	India	H
	Pakistani	J
	Bangladeshi	K
	Any other Asian background	L
Black or Black British	Caribbean	M
	African	N
	Any other Black background	P
Other Ethnic Groups	Chinese	R
	Any other ethnic groups	S
	Not stated	Z

### For Food Policy Team use only, Key Contacts:

**Community Dietitians, 0121 612 2963**  
**Respiratory Service, 0121 612 2033**  
**The Lyng Heart Failure Nurses, 0121 612 2388**



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