

NEPEAN FAMILY METABOLIC HEALTH SERVICE (NFMHS)

ADULT HEALTHY WEIGHT MANAGEMENT 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 (contact details listed below).

In addition to this referral, please provide:

- ✓ **an up-to-date medication list**
- ✓ **a medical summary**
- ✓ **any other relevant documents**

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

Dear Dr Kathryn Williams/Dr Sharon Yeoh/Dr Anna Zheng,

Thank you for seeing _____, of _____
_____ (address of the patient), date of birth ___/___/___,
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 of Aboriginal, Torres Strait Islander or Polynesian background (please circle)?: **YES / NO**

Does the patient requires an interpreter?: **YES** (specify language: _____) / **NO**

Can the patient read and write?: **YES / NO** Is the patient a current smoker or quit <3 months ago?: **YES / NO**

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

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

- Restriction to mobility Details _____
- Mental health problem Details _____
- Social Circumstances/Other Details _____

Due to high demand, it is often not possible to accept referrals from outside the NBMLHD catchment area. Special consideration is made for patients requiring tertiary care and/or those needing services that are not provided by their local hospital or health service. Please contact us if you would like more information.

Please see next page for referral criteria for your completion.

Name of Doctor: _____ Signature: _____

Practice Address _____

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

Nepean Family Metabolic Health Service, Level 5 South Block, Nepean Hospital

PO Box 63 Penrith, NSW 2751

Ph (02) 4734 4533 Fax (02) 4734 1920

NBMLHD-NepeanFamilyMetabolicHealthService@health.nsw.gov.au

For appointments please fax or email this referral to the above contacts

Please indicate which service criterion/criteria your patient satisfies and provide supporting evidence for this with your referral (e.g. blood tests, liver biopsy reports, sleep study reports, specialist letters) if relevant. Supporting evidence is mandatory for some categories that are marked with a * and, if not provided at the time of referral, will delay the acceptance of your patient onto our waitlist. Attending the NFMHS requires a time commitment and motivation to make changes. Patients need to be well enough to attend multiple appointments, including in groups. The patient will be assessed by our triage staff to determine suitability and you will be notified if their referral cannot be accepted.

<p style="text-align: center;">Group A</p>	<p style="text-align: center;">BMI > 40 kg/m² and any of the following:</p>	<p>Age < 30 years <input type="checkbox"/></p> <p>Type 2 diabetes on multiple daily insulin injections (basal <i>and</i> bolus therapy) or with HbA1c > 8.5% within the last 3 months or age < 40 years* <input type="checkbox"/></p> <p>Non-alcoholic fatty liver disease with NASH or liver fibrosis ≥ F2 on liver biopsy or with FibroScan® measure > 10.3 kPa* <input type="checkbox"/></p> <p>Severe Obstructive Sleep Apnoea (AHI > 30) or Obesity Hypoventilation Syndrome/Sleep-Related Hypoventilation* <input type="checkbox"/></p> <p>Specific end-organ condition directly related to obesity (e.g. obesity-related cardiomyopathy, benign/idiopathic intracranial hypertension or focal segmental glomerulosclerosis)* <input type="checkbox"/></p> <p>Planning pregnancy within the next 24 months <i>and</i> aged < 40 years <input type="checkbox"/></p> <p>Assessed as appropriate for bariatric surgery by a surgeon actively participating in the public bariatric surgery program (by direct discussion between surgeon and Clinical Lead only) OR past history of bariatric surgery* <input type="checkbox"/></p> <p>Another family member being seen at NFMHS (please provide name) <input type="checkbox"/></p> <p>Aboriginal or Torres Strait Islander background <input type="checkbox"/></p>
<p style="text-align: center;">Group B</p>	<p style="text-align: center;">BMI > 55 kg/m² and any of the following:</p>	<p>Any Type 2 diabetes, pre-diabetes or history of GDM* <input type="checkbox"/></p> <p>Resistant hypertension (BP not controlled on ≥ 3 agents) or evidence of end-organ effects from hypertension (e.g. LVH, AF or albuminuria)* <input type="checkbox"/></p> <p>Mobility < 20m due to shortness of breath or pain that is likely to improve with weight loss <i>and</i> age < 60 years <input type="checkbox"/></p> <p>PCOS with oligomenorrhoea (≤ 9 periods/year), DUB requiring gynaecological intervention or endometrial hyperplasia * <input type="checkbox"/></p> <p>On waitlist for major surgery (cardiothoracic, abdominal, orthopaedic, neurosurgical) and required to lose weight to reduce operative risk* <input type="checkbox"/></p> <p>Recent frequent presentations to hospital (>2 within last 6 months) or prolonged admission (> 1 month) due to obesity related condition* <input type="checkbox"/></p> <p>Age 30-40 years <input type="checkbox"/></p>
<p style="text-align: center;">Group C</p>	<p style="text-align: center;">BMI > 70 kg/m² and</p>	<p>Willing and able to attend visits at Nepean Hospital using own transport <input type="checkbox"/></p> <p>May require home visits, telehealth and/or phone coaching <input type="checkbox"/></p> <p>Reason: _____ <input type="checkbox"/></p>
<p style="text-align: center;">Group D</p>	<p style="text-align: center;">Age 16-18 years and</p>	<p>Meeting BMI criteria for KidsFit4Future clinic <input type="checkbox"/></p>