**NUH Complications of Excessive Weight (CEW) Clinic**

**Secondary Care Referral Form**

Please complete the following proforma or dictate a letter containing the appropriate information. Referrals are currently only being accepted from medical practitioners.

* Patients should be assessed for complications and, where identified, should be referred according to the usual pathways, with consideration of a dual referral to CEW, if appropriate. (For example, raised blood pressure use renal hypertension guideline).
* We understand that it may not be possible to undertake all suggested investigations in some patients and, where this is the case, it need not delay the referral. We operate a triaging system and waiting list. Identification of complications will help ensure patients are seen in the most appropriate order.
* Please ensure your patients are aware that there may be a long delay till they are offered an appointment and some patients may not be seen, and signpost to community resources.

Please email your completed referral to cew.obesityem1@nhs.net

Paediatric Secretary for CEW: anita.bennett7@nhs.net 0115 9249924 ex: 83007

**Referral Criteria**

1. Age 1-17 with obesity as below:
2. BMI >4 SDS (12y+) OR BMI >5 SDS (1-11y) (even if no complications identified) + motivated (or part of Child Protection Plan)

 **OR**

BMI SDS ≥ 2.67 SDS (99.6th centile) OR (≥2 SDS / 98th centile for BAME patients)1 for age and sex **and** one of the below

• One or more co-morbidities related to excess weight (NAFLD, pre diabetes (e.g. HbA1c 40-47 mmol/mol[[1]](#footnote-1)), OSA needing intervention, joint or mobility problems requiring surgery and/or causing severe impact on ADL, hypertension, Idiopathic intracranial hypertension, dyslipidemia, hidradenitis suppurativa, a significant psychological co-morbidity)

 • Confirmed genetic cause of obesity

 • Secondary cause of obesity such as pituitary surgery

 • On a child protection plan for severe obesity

 • Patient being considered for bariatric surgery

1. The Young Person and their parents/ carers have agreed to the referral and are motivated to engage with the service (unless they are on a child protection plan for severe obesity and engagement with the CEW service is a part of the plan. In these cases, please discuss with a CEW consultant prior to referring).

|  |
| --- |
| **Patient Demographics** |
| Name  |   |
| NHS Number  |   |
| DOB  |   |
| Address   |   |
| Phone Number  |  |
| Interpreter required Y/NY- specify language |  |
| **Measurements**  |
| Height/s (date/s)(2-3 measurements if available helpful to identify trend) |

|  |  |  |  |
| --- | --- | --- | --- |
| Height |  |  |  |
| Date |  |  |  |

 |
| Weight/s (date/s) (2-3 measurements if available helpful to identify trend) |

|  |  |  |  |
| --- | --- | --- | --- |
|  Weight |  |  |  |
| Date |  |  |  |

 |
| BMI and SDS |

|  |  |  |  |
| --- | --- | --- | --- |
|  BMI |  |  |  |
| BMI SDS |  |  |  |
| Date |  |  |  |

 |
| **Obesity-related co-morbidities***Please tick all that apply and provide details/attach results, where appropriate)* |
|  | Glucose dysregulation: | **If symptomatic, must do glucose meter testing and refer on same day if glucose ≥11.1mmol/l**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Result (units) | Ref range | Date |
| HbA1c: |  |  |  |
| Fasting blood glucose: |  |  |  |
| Random blood glucose: |  |  |  |

 |
|  | Obstructive Sleep Apnoea | *Please provide details of symptoms and investigations (if any):*  |
|  | Non-alcoholic Fatty Liver Disease (NAFLD) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Result (units) | Ref range | Date |
| ALT:  |  |  |  |
| AST:  |  |  |  |
| US liver (if done): |  |  |  |
| Other: |  |  |  |

 |
|  | HypertensionIf abnormal please repeat three measurements on separate days and, if remains high, refer/manage as per local guidelines. ‘White coat’ hypertension very common**Ensure correct sized cuff used** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date 1 | Date 2 | Date 3 |
| Systolic:  |  |  |  |
| Diastolic:  |  |  |  |

Manual or automatic:Size of cuff used (if available)Ambulatory BP: Yes/No – Report: |
|  | Dyslipidaemia (fasted if possible-Y/N) |

|  |  |  |
| --- | --- | --- |
|  | Result | Date |
| Triglycerides:  |  |  |
| Total cholesterol: |  |  |
| HDL cholesterol:  |  |  |
| Other: |  |  |

Fasting? Y/N |
|  | Significant musculoskeletal problems | Please specify e.g. affecting activities of daily living, requiring previous surgery: |
|  | Idiopathic Intracranial Hypertension (IIH) | Please specify symptoms, investigations and medications (both previous and current): |
| **Learning/behavioural difficulties** (including ADHD/Autism) |  |
| **Current Medications** |   |
| **Relevant Family and social history** |  |
| **Safeguarding concerns (Y/N)**If Y – please specify whether past or current, and provide name and contact details of social worker  |  |
| **Dietetic/weight management history**Please specify what services and whether previous/current (with dates if available) |  |
| **Mental health history**Please include whether patient is known to CAMHS (and which service) and whether currently or previously |  |
| **Any other relevant information** |  |
| **Referrer details**(Name, Speciality, Grade Trust) |  |
| **Referral Date** |  |

1. If symptoms of diabetes, check a point-of-care finger-prick glucose level and, if diabetes confirmed **refer same day to the local paediatric diabetes team**. If HbA1C or glucose level (POC or lab glucose) consistent with a diagnosis of diabetes, **refer same day to local paediatric diabetes team**. Children under-18 with any type of diabetes must be under secondary care [↑](#footnote-ref-1)