

## STOP SMOKING & ADULT WEIGHT MANAGEMENT

### Referrer Details

I am referring my patient for (please tick one or both options): **Stop Smoking**  **Adult Weight Management**

I have consent to refer on behalf of the person detailed below\*:

Does the client consent to being contacted by\*:  Telephone  Letter  Email

How was this patient screened to assess motivation and suitability for our programmes?

Face to face appointment  Telephone consultation  Text message

GP Surgery Name & Address:

Full name of Referrer:

Job Title:

Telephone:

Would you like feedback on the outcome of this referral? If yes, does the client give consent to share information with the GP:

Yes  No

Email:

### Client Details

Title:

DOB:

Please note: Stop Smoking (12+). Adult Weight Management (16+)

Forename:

Surname:

Address:

Contact Number:

Can we leave a voicemail?  Yes  No

Postcode:

Can we send a text?  Yes  No

Email:

Is the client Pregnant?  Yes  No

If referring for adult weight management:

**Has this patient been diagnosed with hypertension or diabetes?**

Yes  No **If Yes, please refer to NHS Digital Weight Management Programme**

**Is the patient considered pre-diabetic?** (HbA1c between 42-47 mmol/mol (6.0%-6.4%) or fasting plasma glucose between 5.5-6.9 mmols/l)

Yes  No **If Yes, please refer to NDPP programme**

If referring for Adult Weight Management BMI eligibility criteria is  $\geq 30$  or  $\geq 27.5$  for BAME groups. Patients with BMI  $> 50$  are not eligible for support from One You Surrey and should be referred to Tier 3 AWM support.

**BMI readings must be in the last 12 months.**

Client BMI:

Does the client have a diagnosed eating disorder?  Yes  No

**If yes, we are unable to support. Patient should be signposted for specialist support .**

If referring for smoking cessation, number of cigarettes smoked per day:

Are there any risks that we should be aware of?  Yes  No

If yes, please provide details (e.g., mental health, suicide/self-harm):

**Please return this form to [tt1.oneyoursurrey@nhs.net](mailto:tt1.oneyoursurrey@nhs.net) or post to One You Surrey, Ntrust Systems, 26 Holmethorpe Avenue, Redhill, RH1 2NL. If you have any queries, you can call us on 01737 652168.**

Client Statement - Please note that in order to provide you with the best treatment we will collect your data for inclusion onto our programmes, Your data will be held in a secure and compliant manner for the duration of the programmes and then for an additional period as per the NHS Records Management Code of Practice for Health and Social Care. We will not share your data with any third party without your consent. For further information please visit our privacy policy on [www.oneyoursurrey.org.uk](http://www.oneyoursurrey.org.uk)