

Professional Referral Form



To be completed by the referring Health professional. All patient data is stored securely in accordance with Data Protection guidelines.

Patients Information

Title: Mr - Mrs - Ms - Other:	Date of Birth:
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Gender:	Age (if under 18):
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First Name:	Last Name:
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Address:

City:	Postcode:
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NHS Number:

Telephone:	Mobile:
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Email:

Patient/Carer Name:

GP Surgery/Address:

Medical Conditions/Relevant Conditions:			
<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Dementia
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Pre Bariatric Surgery	<input type="checkbox"/> Recent Fall	<input type="checkbox"/> Serious Mental Illness	<input type="checkbox"/> Sleep Apnoea
<input type="checkbox"/> Type 1 Diabetes	<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Active Cancer
<input type="checkbox"/> Severe Angina	<input type="checkbox"/> Post Bariatric Surgery	<input type="checkbox"/> Active Liver Disease	<input type="checkbox"/> Dyslipidaemia
<input type="checkbox"/> Heart Attack or Stroke in last 6 Months	<input type="checkbox"/> Pregnant or Currently Breastfeeding		
<input type="checkbox"/> Severe Heart Failure	<input type="checkbox"/> Other:		

Refer Name:	Refer Email:
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Refer Job Title:	Referral Date:
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Referring Organisation:

Services Available

Behaviour Change Specialists (formerly Health Trainers)

Support with healthy eating, increasing physical activity and general health behaviour change

Community Level Interventions (formerly Healthier Lifestyle Support)

Support to become physically active - Community-based healthy eating

Stop Smoking Service

The patient is a tobacco user The patient is a vape user CO reading:

Alcohol Reduction Service

Non-dependent alcohol drinkers with an AUDIT score between 8-19

Falls Prevention Service

Aged 60+ who have balance issues or fear falling, can stand up independently and are willing to attend a community class

NHS Health Checks

Aged 40 – 74, no previous CVD diagnosis, not had an NHS Health Check in previous 5 years

Adult Weight Management Services - Place-Based (Formerly Tier 2) & Community-Intensive (Formerly Tier 3)

For people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds, please use BMI reduced by 2.5 kg/m² for all services.

Place-Based Adult Weight Management (Formerly Tier 2)

Over 16 years of age

BMI > 25 or

Motivated to make changes over the next 3 months

No significant co-morbidities precluding involvement in the programme

12-week nutrition, behaviour change & exercise programme (face-to-face & virtual options available)

12 weeks of Slimming World vouchers

A. Community Intensive Weight Management Pathway (Formerly Tier 3)

Non-pharmacological referral

Eligible patients

Aged 18 or over and

BMI 30 Kg/m² if the patient has complex needs and has not responded to previous tier interventions, or

BMI 35 Kg/m² with co-morbidities (e.g. type 2 diabetes), or

BMI 40 Kg/m² and lives in Cambridgeshire, or registered with a GP in Cambridgeshire

B. PHARMACOLOGICAL treatment referral (GLP-1s: eg Semaglutide & Tirzepatide)

Please ensure the patient is aware that all people receiving GLP1s for weight loss from an NHS provider must engage fully with a behavioural support programme. Eligible patients: Only made available (June 2025 - March 2026) to patients:

Aged 18 or over

BMI ≥40 (Must have been measured face to face within 3 months of referral)

Must also have four or more of the five qualifying co-morbidities (see definitions below)

Please provide blood test results (see table) taken within last 3 months for all patients referred for pharmacological interventions

Qualifying Comorbidities	Definition for Initial Assessment	
Atherosclerotic Cardiovascular Disease (ASCVD)	Established atherosclerotic CVD (ischaemic vascular disease, cerebrovascular disease, peripheral vascular disease, heart failure)	<input type="checkbox"/>
Hypertension	Established diagnosis of hypertension and requiring blood pressure lowering therapy	<input type="checkbox"/>
Dyslipidaemia	Treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) \geq 4.1 mmol/L, or high-density lipoprotein (HDL) $<$ 1.0 mmol/L for men or HDL $<$ 1.3 mmol/L for women, or fasting (where possible) triglycerides \geq 1.7 mmol/L	<input type="checkbox"/>
Obstructive Sleep Apnoea (OSA)	Established diagnosis of OSA (Sleep clinic confirmation via sleep study) and treatment indicated i.e. meets criteria for continuous positive airway pressure (CPAP) or equivalent	<input type="checkbox"/>
Type 2 Diabetes Mellitus	Established Type 2 Diabetes Mellitus*	<input type="checkbox"/>

Please complete the measurements below: For specialist weight management services (tier 3), these need to be taken within the last 3 months

Height:	Date:	HDL:	Date:
Weight:	Date:	LDL:	Date:
BMI:	Date:	Total Cholesterol:	Date:
Blood Pressure:	Date:	Triglycerides:	Date:
HbA1c:	Date:	Renal Function:	Date:
Liver Function:	Date:	Thyroid Function:	Date:

Other Considerations/Co-Pathologies:

Major Problems:

Minor Problems:

Relevant Medication:

Repeat Medication:

Allergies:

Consent:

I confirm that the patient has agreed to share his/her data with Healthy You

Referrer's Name:

Referrer's Signature:

Please send completed referral form via post or email as below

Address:

Suite 3, James Hall

Parsons Green

St. Ives

Cambridgeshire

PE27 4AA

Email: morelife.healthyyou@nhs.net

Phone: 01223 386 200