

# Referral for Assessment for Obesity Surgery

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## **Patient Information**

Patient Name

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Address

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Telephone

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DOB

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## **GP Information**

GP Name

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Practice address

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Telephone Number

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Fax Number

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## **Medical History**

Medical problems

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Current medications

--

Allergies

--

## **Clinical Measurements**

Current weight (kg)

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Height (cm)

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BMI (kg/m<sup>2</sup>)

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Blood pressure

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**Social/motivation**

Patient's occupation	
Alcohol intake (units/week)	
Does the patient smoke?	
How long has he/she been morbidly obese?	
What weight loss methods have been tried?	
What is the patient's motivation for weight loss surgery?	
Will this patient be able to follow an eating plan post-op?	
Does the patient understand the need for long term follow up?	

When referring a patient, we would be grateful if you could also arrange for the following tests to be Undertaken and the results forwarded on to us:

- Full blood count
- Liver function tests
- Thyroid function tests
- Urea and electrolytes
- Fasting glucose
- Total cholesterol, HDL and LDL
- Triglycerides

Please send (the addition of a referral letter with supplementary information is always useful) to:

**Southwest Obesity Surgery Group**  
**Nuffield Hospital Somerset**  
**Staplegrove Elm**  
**Taunton**  
**TA2 6AN**  
**Daytime Contact Number: 0845 603 1 643**  
**Fax: 01823 250 607**  
**[www.swbariatric.org](http://www.swbariatric.org)**  
**E: [enquiries@Swbariatric.org](mailto:enquiries@Swbariatric.org)**