Lothian NHS Board

Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Telephone: 0131 536 9000
www.nhslothian.scot.nhs.uk
www.nhslothian.scot.nhs.uk

NHS
Lothian

Date: 19/04/2024
Your Ref:
Our Ref: 8591

Enquiries to : Richard Mutch
Extension: 35687
Direct Line: 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – TO WEIGHT MANAGEMENT PROGRAMMES.

I write in response to your request for information in relation to weight management programmes.

Question:

- A copy of any **referral form** used to refer patients to weight management programmes.
  - If it is not possible to provide the full form, please provide the exact wording of any exclusion criteria i.e. any criteria/questions that would exclude someone from being referred to the programme, such as BMI, age or eating disorders.

Answer:
Please see enclosed.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

Our Values Into Action
disability confident EMPLOYER
CARER POSITIVE Employer in Scotland EXEMPLARY
Living Wage

Headquarters
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

Chair Professor John Connaghan CBE
Chief Executive Calum Campbell
Lothian NHS Board is the common name of Lothian Health Board

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing, Midwifery and AHPs
Cc: Chief Executive
Enc.

NHS
Lothian

Adult Weight Management & Prevention of Type 2 Diabetes Service Referral Form

Personal Details:
Preferred prefix: Mr/Mrs/Miss/Ms/Dr/Prof/Other

Full name:

Date of birth _ _ /_ _ /_ _ _ _

Gender: Male ☐ Female ☐ Prefer not to say ☐

Please indicate the pronouns you prefer: He/Him ☐ She/Her ☐ They/Them ☐

Address:

Contact telephone number:	May we leave a voicemail? Yes ☐ No ☐

Email address:

Weight:	Height:

<u>In your own words, please tell us why you would like support?</u>

<u>Please tell us about any additional support you may need to help you get the best care e.g. wheelchair access, an interpreter, carer to attend clinic with you</u>

NHS Lothian

Consent

Do you consent to this referral to the Weight Management & Prevention of Type 2 Diabetes team? Yes ☐ No ☐

We keep all patient data confidential. For data monitoring purposes we require to record data on this referral. Data will only be shared with relevant healthcare staff.

Please contact us if you do not agree to data sharing.

The NHS Lothian Data Privacy Policy can be found at:
https://policyonline.nhslothian.scot/Policies/ClinicalPolicy/Data%20Protection%20Policy.pdf

If you are a health professional submitting this referral on a patient's behalf:

Date of referral: **Click here to enter a date.**

Referrer's Name:

Job title:

Contact Number:

Email:

Please email the completed referral form to weight.management@nhslothian.scot.nhs.uk

OR

Post to: Weight Management Service
Ground Floor, Woodlands House
Astley Ainslie Hospital
Canaan Lane
Edinburgh EH9 2TB

For enquiries please telephone: 0131 537 9169

Child Healthy Weight Service – Professional Referral Form

Child/Young Person's details:

Date of referral: ___/___/___

Name:

Date of birth/CHI: Age:

Address:
Telephone:
Email:

Gender identification:

☐ Male ☐ Female ☐ Preference (please note):

Please indicate which pronouns the child/young person prefers:

☐ He/him ☐ She/her ☐ They/them

Ethnicity - please tick		
☐ White	☐ Mixed/Multiple Ethnic Groups	☐ Asian
☐ African	☐ Caribbean/Black	☐ Other Ethnic Group
☐ Other		☐ Not Known

Interpreter required?: YES ☐ NO ☐	Language:

Referrer's details	
Name:	Job title:
Telephone:	Email:
Reason for referral – main concerns:	

NHS Lothian

Relevant Medical History (including current medications):

Other health conditions - please tick any that apply

☐ Type 2 Diabetes	☐ Anxiety	☐ Depression	☐ Sleep apnoea
☐ Hypertension	☐ Autism Spectrum Disorder	☐ Cushing's syndrome	☐ Gender Dysphoria (diagnosed)
☐ Joint/back pain	☐ Congenital Heart Disease	☐ Non Alcoholic Fatty Liver Disease (NAFLD)	☐ Growth Hormone Deficiency
☐ Respiratory problems incl asthma	☐ Polycystic Ovary Syndrome	☐ Prader Willi Syndrome (PWS)	☐ High Cholesterol Levels
☐ Idiopathic Intracranial Hypertension	☐ Family history of premature coronary artery disease (close female relative <65 years, close male relative < 55 years)	☐ Eating disorder (please specify):	
☐ Other (please specify):			

Does the child/young person have any physical disabilities? YES ☐ NO ☐ If YES, please give details:

Can the child/young person/family participate in a group setting? YES ☐ NO ☐ If NO, please give details e.g. any known aggression, struggles with group dynamics

Are there any known mental health difficulties experienced by parents/guardians? Or do you have any concerns about the emotional wellbeing of the child/young person? YES ☐ NO ☐
If YES, please give details:

NHS Lothian

Measurements (if possible): https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/	
Height (cm):	Weight (kg):
BMI (kg/m²):	BMI centile:
Date taken and by whom:	

Has the person with parental responsibility/guardian/child consented to the referral? YES ☐ NO ☐

Additional comments:
Referrer's signature:

Please note – all referrals will be triaged by a Child Healthy Weight Dietitian who will then determine whether Tier 2 or Tier 3 is most suitable for the family.

If you would like to discuss this further, please contact us on 0131 537 9169
or email: loth.childhealthyweight@nhslothian.scot.nhs.uk

Get Going NHS Lothian

Child Healthy Weight Self Referral Form

Name: ____ **Date of referral:** ___/___/___

Date of birth: ___/___/______

Address: **Parent/Guardian Telephone:** **Parent/Guardian Email:**

Gender - Please tick		
☐ Male	☐ Female	☐ Do not identify as male or female

Please indicate which pronouns the child/young person prefers:

☐ He/him ☐ She/her ☐ They/them

Will you need an Interpreter? Yes ☐ **No** ☐ **Language:** ________________________________

Reason for referral –what do you hope to achieve by attending the service? **Any physical disabilities or emotional wellbeing concerns that would be helpful to share?** **Any concerns about potentially attending a group?**
Child/Young person/Parent/Guardian's signature:

If you would like to discuss the referral with us or need help filling it out, please contact us on 0131 537 9169 or email at: loth.childhealthyweight@nhslothian.scot.nhs.uk

Thank you for completing this form. Please either post it to: Lothian Weight Management Service, Woodlands House, Astley Ainslie Hospital, Canaan Lane, Edinburgh, EH9 2TB OR email us at: loth.childhealthyweight@nhslothian.scot.nhs.uk

Authorised: Oct 2024
Review: Oct 2021