REFERRAL FOR FSA FOR BARIATRIC SURGERY

REMINDER CHECK LIST FOR REFERRERS

- Discuss with the patient :
 - obesity factors
 - bariatric surgery, including risks and impact on life
 - commitment to long-term behaviour change
 - readiness for surgery
- Note smoking status
- Note previous weight loss attempts by any other non-surgical means; successfully losing 5% of body weight. (even if not sustained)
- Complete the referral including the information from the template. Note this information is essential for access.
- Include all relevant clinical information, reports, including recent bloods (HbA1C, Lipids etc)



REFERRAL AND PRIORITISATION FOR **BARIATRIC SURGERY**

Name	Weight (kg)
NHI	Height (m)
Age	BMI (kg/m2)
Gender	Ethnicity
Referrer	

Exclusion Criteria	Υ	Ν		Υ	Ν
Weight > 160kg or BMI > 55			ASA score of 4 or above		
End stage irreversible conditions or active cancer			Uncontrolled psychiatric conditions (psychosis, severe neurosis or addiction)		
Current Smoker					
Past Medical History					
Pulmonary embolus includes history of superficial or deep vein thrombosis or previous PE			Coagulation abnormalities		
Use of oral contraceptive					

Please tick any of the following areas of impact that the patient is actively being treated for and provide relevant clinical information including blood tests* (eg HbA1C)

A: Impact on Life		\checkmark			\checkmark
Lifestyle*	1		Obstetric / Gynaecological issues	3	
Hypertension**	1		Renal (Including hyper filtration)	3	
Dyslipidaemia**	1		Infertility	4	
Urology (eg Stress incontinence)	2		Obstructive sleep apnoea (OSA)**	4	
Gastrointestinal reflux disease (GRD)**	2		Diabetes (IGGT)	2	
Mild Arthritis****	2		Diabetes (Diet or oral meds)	6	
Arthritis with significant limitation	3		Diabetes (Insulin)	10	
Non alcoholic steatohepatitis (NASH)	3				

Please tick most relevant indicator

B: Likelihood of achieving maximum benefit with respect to control of diabetes	
No Diabetes	
Insulin > 7years,HbA1C>7	
Insulin > 7years,HbA1C<7	
Insulin 4-7 years, Diet or oral meds > 7years, HbA1C>7	
Insulin 4-7 years, Diet or Oral meds > 7years, HbA1C <7	
Insulin < 4years, Diet or Oral meds 4 – 7 years, HbA1C <7	
IGGT,Diet or Oral meds< 4years	

