

NEPEAN BLUE MOUNTAINS FAMILY OBESITY SERVICE

PRECONCEPTION CLINIC REFERRAL

Please note that there are separate referrals for paediatric and general adult patients. If you are referring several members of one family, please indicate this on the referral. If you believe that your patient needs an urgent review, then contact the service by telephone directly (contact details listed above). Please see the back of this document for referral criteria to the Family Obesity Services.

**OTHER FAMILY MEMBER REFERRED OR
KNOWN TO SERVICE (*see below):**

YES NO

Dear Dr Kathryn Williams and Dr Wafa Al Omari

Thank you for seeing my patient, _____, date of birth ___/___/___,
contact phone number, _____ in consultation for weight management.

Their current measurements include:

Date of measure: _____ Weight: _____ kg Height: _____ m

Calculated BMI*: _____ kg/m² Waist Circumference: _____ cm

My patient is planning a pregnancy within the next 12 months: YES / NO / NA

My patient is of Aboriginal, Torres Strait Islander or Polynesian background (please circle): YES / NO

My patient requires an interpreter: YES (specify language: _____) / NO

My patient can read AND write: YES / NO

They also have the following conditions (tick all that apply and provide details in the space provided*):

- Diabetes – date/result of last HbA1c: _____ Type 1 / 2 Insulin therapy: YES / NO
- Pre-diabetes (IFG/IGT or HbA1c > 5.7%) Hypertension
- Oligomenorrhoea (max 9 periods/12 months) Infertility/difficulty conceiving > 6 months
- History of adverse obstetric outcome attributable to excessive weight*

Other relevant clinical details/comments*:

In addition to this referral, please provide an up-to-date medication list and/or medical history summary and append any other relevant documents. Updated investigations, including pathology, are not required before attendance.

Please attach any other relevant investigation documents to this referral

Name of Doctor: _____ Signature: _____

Practice Address _____

Practice Contact Details: _____ Date: ___/___/___

Nepean Blue Mountains Family Obesity Service, Level 5 South Block, Nepean Hospital

PO Box 63 Penrith, NSW 2751

Ph (02) 4734 4533 Fax (02) 4734 1920

NBMLHD-NepeanFamilyObesityService@health.nsw.gov.au

For appointments please fax or email this referral to the above contacts

Referral Criteria to Family Obesity Services

ADULT HEALTHY WEIGHT CLINIC

Non-pregnant adults who are not eligible for the pre-conception clinic, who are able to attend the service with:

- a BMI ≥ 40 kg/m²

OR

- BMI 35 kg/m² with a major obesity-related co-morbidity or another family member enrolled in the service or of Aboriginal/Torres Strait Islander background. Major obesity-related co-morbidities include but are not exclusive to: diabetes, NASH/NAFLD with fibrosis, severe shortness of breath (e.g. due to COPD, restrictive lung disease, CCF) exacerbated by obesity, infertility due to obesity, severe pain due to obesity, severe depression, established Binge Eating Disorder.

PRECONCEPTION CLINIC

- Woman with a BMI > 35 kg/m² and who would like to plan for pregnancy within the next 12 months

Referrals are prioritised for women who have a history of menstrual dysfunction, infertility, pre-diabetes/diabetes or hypertension or adverse obstetric outcomes related to their weight

- Referrals for women with a BMI > 30 kg/m² and a history of infertility will be considered on a case by case basis.

KIDS FIT 4 FUTURE CLINIC

Family able to attend service with a child who has a:

- BMI that is >95 th centile (based upon Centres for Disease Control BMI charts)

OR

- BMI that is >85 th centile with any significant obesity-related co-morbidity