

Secondary Care Referral Form

DATE:

IN-ELIGIBLE:

ELIGIBILITY:

Criteria:		Yes
BMI 30 or above		
BMI 27.5 or above plus comorbidity or BAME (Black, Asian, Minority Ethnic)		
BMI 23 or above BAME plus comorbidity		
Applies:	Studies in Oxfordshire	
	Lives in Oxfordshire	
	Works in Oxfordshire	
	GP in Oxfordshire	
18 years old or over		

Criteria:	Yes
Complex Diabetes (on insulin, sulfonylureas (eg gliclazide, glibenclamide), SGLT2 inhibitors (eg empagliflozin, dapagliflozin, canagliflozin), or on glinides (neteglinide, repaglinide)	
Currently Pregnant	
Diabetes post pancreatectomy	
Ketosis prone type 2 diabetes	
Accessed a free service from Achieve Oxfordshire in the last 12 months	
Been a paying member of WW or Slimming World in the last 3 months	
Suffering from an eating disorder (Other mental health conditions will be considered on a case by case basis)	
Have an unmanaged comorbidity	

CONTACT DETAILS

Client Name:	GP Name:
D.O.B:	GP Surgery:
Address:	Referrer Name:
No Fixed abode:	Phone:
Gender:	Email:
Ethnicity:	Place of Work:
Phone:	Department:
Mobile:	How heard about the service:
Email:	

Client consent to referral and contact:

Client consent to voicemails:

Please email completed form to: tt1.achieve.oxfordshire@nhs.net

For any questions please contact us on 01865 338119 or email hello@achieveoxfordshire.org.uk