

Referral Form

Comprehensive Metabolic Care Clinic (CMCC)

The Royal Adelaide Hospital | 1 Port Road | Adelaide

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Health

Central Adelaide

Local Health Network

| | |
|--|---|
| <p>Patient Details</p> <p>Surname: _____</p> <p>First Name: _____</p> <p>Date of Birth: / /</p> <p>Address: <i>(if SALHN catchment, refer to SALHN BMI Service)</i> _____</p> <p>Phone: _____</p> <p>Interpreter Required: YES NO</p> <p>Language: _____</p> | <p>Referring Doctor</p> <p>Name: _____</p> <p>Practice: _____</p> <p>Phone: _____ Fax: _____</p> <p>OR Practice Stamp: _____</p> <p>Date of referral: / /</p> |
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Baseline Patient Data

Weight (kg): Height (m): _____

BMI (current): _____

Weight History (kg): _____

Waist Circumference (cm): _____

Previous Bariatric Surgery? (Circle) Yes No
(please specify): _____

Recorded Blood Pressure: _____

Referral Criteria *(please tick) MUST meet ALL below:*

- BMI > 40 with obesity related comorbidities
- BMI > 35 with obesity related comorbidities (2 or more)
- MUST be a non-smoker
- No drug or alcohol-dependency
- Sleep studies completed (laboratory or home)
(IF NO, only refer once completed and attach)
- DASS 21 completed *(depression anxiety stress scale)*
- Mental health care plan if indicated
- Has shown commitment to the program and lifestyle changes

Comorbidities *(please tick)*

- Type 2 Diabetes
Duration of T2DM _____
On insulin? (Circle) Yes No
- Type 1 Diabetes
Duration of T1DM _____
- Obstructive Sleep Apnoea
If yes, is CPAP being used? (Circle) Yes No
- Hypertension
- Cardiovascular disease
(specify): _____
- Arthritis *(specify):* _____
- Gout *(specify):* _____
- Mental health *(specify):* _____
- Cerebrovascular events
- Liver disease
- Kidney disease
- Gall stones
- Other: _____

Supporting Documents *(please tick & ATTACH ALL)*

- CURRENT medication list
- Sleep studies
- DASS 21
- Recent bloods *(HbA1C, TSH, lipids, MBA 20, FBC, testosterone (males only))*

There is a long wait list for the CMCC, a referral does not guarantee a particular care pathway. Upon receipt of referral, the patient will be sent a 'patient information profile' questionnaire which they MUST return. If not returned, they will not be triaged into the clinic (you will be informed of this).

The care pathway may involve:

- Pre-assessment consult with the bariatric consultant
- Attendance at a healthy living group program (one to one where indicated) with Dietitian/Exercise Physiologist
- MDT review of progress
- Possible referral as appropriate to surgical path or other

***** note gastric bands are not performed at RAH CMCC***

By placing this referral, you are committing to a **SHARED CARE** arrangement for the duration of the patient's journey with the CMCC, along with ongoing care upon discharge from CMCC.

Signed: _____ Name: _____

***** Incomplete referrals/criteria NOT met (including supporting documents not attached) will be FAXED BACK to the referrer.***

Updated Jan 2023