

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

<b>Personal Details:</b>	
Preferred prefix: Mr/Mrs/Miss/Ms/Dr/Prof/Other	
Full name:	
Date of birth __/__/____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
Please indicate which pronouns you prefer: He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/>	
Address:	
Contact telephone number:	Can we leave a voicemail? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address:	
Weight:	Height:

**In your own words please tell us why you would like support?**

**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**

**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](mailto: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