

**PLEASE FORWARD REFERRALS TO CHI COMPLEX OBESITY SERVICE, CHI TEMPLE STREET, DUBLIN 1, D01 YC67**

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|  **NEW CHI COMPLEX OBESITY SERVICE REFERRAL FORM** |
| * **CHILDREN 2 – 16 yrs old with BMI >99.5th PERCENTILE with 2 of the following COMORBIDITIES secondary to OBESITY:**
* **UNCONTROLLED METABOLIC COMPLICATIONS**
* **BIOMECHANICAL COMPLICATIONS REQUIRING TREATMENT OR LIMITED MOBILITY**
* **SHORTNESS OF BREATH**
* **SIGNIFICANT PSYCHOSOCIAL COMPLICATIONS OR CONCERNS**
* **SLEEP DISORDERED BREATHING**
* **FASTING MORNING BLOODS including LIPID PROFILE, GLUCOSE, INSULIN, CORTISOL, HbA1c, LFTs, TFTs required before**

 **referral can be accepted** * **INCOMPLETE FORMS, MISSING BLOOD RESULTS AND CHILDREN WHO DON’T MEET THE ABOVE CRITERIA WILL BE REJECTED**
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| **PATIENT DETAILS** **Referring Consultant / GP Details:****Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Medical Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Male: Female:****Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Guardian Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Information given and consent obtained from guardian: Y N**

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| **Weight (kg)** |  | **Height (cm)** |  | **BMI (kg/m2)** |  |
| **BMI centile\*** |  | **Blood pressure (mmHg)** |  | **Fasting glucose****(mmol/L)** |  |

**\*** [***https://www.rcpch.ac.uk/sites/default/files/2018-03/boys\_and\_girls\_bmi\_chart.pdf***](https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf) |
| **PAST MEDICAL, PSYCHIATRIC, SOCIAL AND FAMILY HISTORY:** |
| **MEDICATIONS:** |
| **COMORBIDITIES:**

|  |  |  |  |  |  |
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|  | **Yes** | **No** |  | **Yes**  | **No** |
| **Hypertension** |  |  | **Dyslipidaemia** |  |  |
| **Type 2 DM** |  |  | **Poly Cystic Ovarian Syndrome** |  |  |
| **Sleep Apnoea** |  |  | **Non Alcoholic Fatty Liver Disease** |  |  |
| **Orthopaedic** |  |  | **Underlying genetic diagnosis** |  |  |

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| **ADDITIONAL CONCERNS:**  |

**FOR CPD APPROVED EDUCATIONAL MODULES & RESOURCES ON CHILDHOOD OBESITY, PLEASE VISIT** [**WWW.CHILDHOODOBESITY.IE**](file:///C%3A%5CUsers%5Cloismccrea%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C5XSOP1FA%5CWWW.CHILDHOODOBESITY.IE)