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

**FOR CPD APPROVED EDUCATIONAL MODULES & RESOURCES ON CHILDHOOD OBESITY, PLEASE VISIT** [**WWW.CHILDHOODOBESITY.IE**](file:///C:\Users\loismccrea\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\5XSOP1FA\WWW.CHILDHOODOBESITY.IE)