

Bankstown Metabolic Health Clinic
META group for young women (under 40)

A team approach to medically managed weight loss for people with diabetes

Please fill out all sections of this form and provide:

- An up-to-date medication list* *A medical summary* *Any other relevant documents*

Dear Dr Sarah Abdo,

Date of referral: _____

Thank you for seeing this patient for review and management of obesity,

Patient details:

Name: _____

Address: _____

DOB: _____ Phone: _____

Medicare number: _____ Medicare expiry: _____

Interpreter Required: Yes / No (Please Circle) Language: _____

Current HbA1c: _____ Date: _____

Current diabetes medications:

Weight: _____ kg Height: _____ m Calculated BMI: _____ kg/m² Waist Circumference: _____ cm

Referral Criteria:

- The patient is willing to attend group sessions and participate in group processes aimed at habit change.
- The referring clinician should be convinced that the patient is motivated to commence significant lifestyle changes required to lose weight and improve their health AND**
- BMI > 40 kg/m² with co-existing type 2 diabetes**
- Female and under 40 years old
- English language sufficient for group participation
- Referring clinician is agreeable to have diabetes therapy altered including insulin adjustment and possible short term compromise in glycaemic control
- Patients should be a non-smoker or have quit smoking for at least 3 months. Current smokers are eligible for the program if they are prepared to engage in a program for smoking cessation.
- Patients should not be planning pregnancy within the next 18-24 months

Referring doctor:

NAME: _____ PROVIDER No.: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

Please FAX referral to Diabetes Centre 97228366

Patient will then be contacted with appointment if they are eligible