Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Referral Form

Centre for Obesity Management
St. Columcille's Hospital

St Columcille's Hospital Centre for Obesity Management (SCH COM)
Loughlinstown
Dublin, D18 CX63

To be completed by Health Care Professionals

Please note: Obesity Services are now also operational at the following locations:

- Connolly Hospital Blanchardstown - for patients residing in the Dublin North East region
- Mallow General Hospital - for patients residing in the South West region

Referral Criteria:

- Body Mass Index (BMI) >30 kg/m^2 with at least one obesity-related complication.
- Obesity treatment in the community has not been sufficiently effective, or the patient does not have access to treatment within the community.
- The patient is agreeable to the referral.
- The patient understands that this referral is for MDT Level 3 obesity care, in line with the HSE Model of Care for Management of Obesity in Ireland (2022). This service manages obesity as a chronic disease. The management plan will include consideration of appropriate medications, bariatric surgery and other interventions. It is important for the referring clinician & patient to understand that medications and/or surgery may not be appropriate in some cases.

Patients may not be suitable for COM referral if they:

- Have active psychiatric disease.
- Do not wish to attend the service.
- Are unable to travel to St. Columcille's Hospital (some appointments may be virtual but there will be a minimum number of in-person appointments).

Sleep Apnoea

There is a high risk of obstructive sleep apnoea (OSA) in patients living with obesity. OSA screening is mandatory as a work up for Bariatric Surgery. In order to avoid undue delays in this pathway, early referral to a sleep clinic is preferable.

We recommend referring the patient for assessment for Obstructive Sleep Apnoea.

Mental Health

The successful management of obesity as a chronic disease is improved by appropriate mental health support and therapy when appropriate. If your patient has a history of unresolved trauma, an active mood disorder or other mental health condition, please consider a referral to an appropriate service, such as the National Counselling Service (NCS) or local mental health sevice.

Bariatric Surgery

During the programme the multidisciplinary team will consider the suitability of each patient for Bariatric Surgery. If the patient is deemed safe and appropriate for a surgical procedure, and if they are agreeable to having surgery, they will be referred to the Bariatric Surgical team.

Check List:

- Fill out referral proforma below with as much detail as possible.
- Measure the weight and height to calculate BMI, and record it on the referral proforma (The referral will not be processed and will be returned if this step is incomplete).
- Post or email the referral form:
    - Email to: centralreferral.office@hse.ie
    - Post to: Central Referrals, St Columcille's Hospital, Loughlinstown, Dublin 18

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Referral Form

Date of Referral
_____/_____/_____

Centre for Obesity Management
St. Columcille's Hospital

Patient Details: First name: _____ Surname:_____

Address: _____

_____ Telephone No:_____

Gender (Identify as;) Male ☐ Female ☐ Non-Binary ☐ **Email:**_____

Date of Birth ____/____/_____. Weight _____kg. Height _____cm. BMI_____kg/m^2

Current Medications: _____

_____

OSA Referral Sent: Y / N Referral Centre: _____

IGT/Pre-Diabetes	☐	Type 2 Diabetes Type 1 Diabetes	☐ ☐	HbA1c above target on max meds Retinopathy / Maculopathy	☐ ☐
		PCOS Erectile Dysfunction	☐ ☐	Infertility	☐
		Hypertension Dyslipidaemia	☐ ☐	TIA / CVA Angina / MI Heart Failure/Cardiomyopathy	☐ ☐ ☐
		Renal impairment	☐	End stage Renal disease/Dialysis	☐
OSA - CPAP not required	☐	OSA – CPAP required Asthma COPD	☐ ☐ ☐	Shortness of Breath at rest Obesity Hypoventilation Syndrome Oxygen Therapy	☐ ☐ ☐
Mild elevation LFTs GORD	☐ ☐	NAFLD Symptomatic Gallstones	☐ ☐	Cirrhosis End stage Liver disease	☐ ☐
		Pre-cancerous condition / Dysplasia	☐	Obesity-related Cancer: GI/ Liver/Renal/Breast/Endometrial	☐
Low Mood Cognitive impairment / Learning difficulties Social Isolation	☐ ☐ ☐	Depression / Anxiety disorder Binge Eating Disorder / Night-Eating Syndrome	☐ ☐	Severe mental illness	☐
Psoriasis	☐	Hydradenitis Suppurativa PVD / Leg Ulceration	☐ ☐	Lymphoedema Amputation	☐ ☐
Back/Joint pain	☐	Arthritis	☐	Joint replacement required	☐
Minor limitations ADLs	☐	Moderate limitations in ADLs	☐	Walking aid/Wheelchair Unable to work / Disability House-bound	☐ ☐ ☐
Migraine	☐	Intracranial Hypertension (ICH)	☐	ICH with visual impairment risk Hx of venous thrombosis (VTE) Recurrent unprovoked VTE	☐ ☐ ☐
Additional relevant medical history: _____					

Referring Clinician :_____

Clinicians Address :_____

_____

GP (if not the referrer): _____