

Self-Referral Form to the Borders Adult Weight Management Team

Please note we do not accept self-referrals for weight loss medications

Personal Details

Name:

Date of Birth:

Please indicate which pronouns you prefer: He/Him She/Her They/Them

Address:

Contact Number:

Email address:

Are you happy for us to contact you by email: Yes No

What do you hope to get from this service?

Current weight (or what you think you weigh):

Height:

Medical Information

Please give details of any health conditions or disabilities (emotional or physical):

Do you have diabetes: Yes No

If yes, please give details:

Current Medication:

Have you been diagnosed with an Eating Disorder or do you think you may have/have had an Eating Disorder? Yes No

Any additional information you would like to add?

Referral to Borders Weight Management Team will require us to access your medical notes.

Sign.....Date.....

Please email completed referrals to BordersWeight.managementTeam@borders.scot.nhs.uk

Or Post to the Weight Management Team at the address above. All emails should receive an automatic reply to state they have been received, without this your email may not have been received. **Please note if emailing out with NHS Borders your email is not secure.**