

**NHS Borders Adult Weight Management Team**  
Room 2DK30b  
Borders General Hospital  
MELROSE  
TD6 9BS  
01896 827236



**Self-Referral Form to the Borders Adult Weight Management Team**

**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:**

**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](mailto: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.**