

OBESITY & CO-MORBIDITY SCORING TOOL

Please insert scores here based on results from scoring guide below.

The threshold for referral is a total score of ≥ 10

Please only use this form where patients have a BMI ≥ 35.0 .

	BMI	Age	DM	HT	LIPID	OA	Total Score
Insert scores							

SCORING GUIDE

Please use the guide below when entering scores above.

BMI (kg/m ²)	Score=1	Score=2	Score=3	Score=4
	$\geq 35.0-40.0$	$>40.0-50.0$	$>50.0-60.0$	>60.0

Age (yrs)	Score=1	Score=2	Score=3	Score=4
	>60 yrs	51-60 yrs	41-50 yrs	18-40 yrs

Diabetes Score	Score=1	Score=2	Score=3	Score=4
	Diagnosis >2 years ago and optimal glycaemic control	Diagnosis <2 years ago and optimal glycaemic control	Diagnosis >2 years ago and poor/suboptimal glycaemic control	Diagnosis <2 years ago and poor/suboptimal glycaemic control

DM: Optimal control (HbA1c ≤ 58), Suboptimal control (HbA1c 59-80) and poor glycaemic control (HbA1c > 80)

Hypertension Score	Score=1	Score=2	Score=3	Score=4
	Well controlled on 1 medication	Well controlled on 2 medications	Poorly controlled on 2 medications	Poorly controlled on > 2 medications

HT: Well controlled (BP systolic < 140 and diastolic < 90 mmHg) and poorly controlled (systolic ≥ 140 and / or diastolic ≥ 90 mmHg)

Dyslipidaemia Score	Score=1	Score=2	Score=3	Score=4
	Requiring no treatment	Well controlled on 1 medication	Well controlled on 2 medications	Poorly controlled on 2 medications

Dyslipidaemia: Well controlled (TC ≤ 5.0 , TG ≤ 1.7 and HDL-C ≥ 1.0 in men and ≥ 1.2 mmol/L in women) and poorly controlled (TC > 5.0 , TG > 1.7 and HDL-C < 1.0 in men and < 1.2 mmol/L in women)

Knee OA Score	Score=1	Score=2	Score=3	Score=4
	No OA	Mild pain	Moderate pain	Severe pain

Knee OA: Mild (able to perform normal activities with a certain degree of pain), moderate (pain on a daily basis that limits normal activities), severe (pain drastically limits activities and makes routine activities such as walking and climbing stairs very difficult).

Please complete and attach to referral letter when referring patients to Worcestershire Acute Hospital's Secondary Care Weight Management Service. It is a requirement for this form to be completed when referring patients. Thank you.