**Please e-mail completed form to:** [**hex.bsop.south@nhs.net**](mailto:hex.bsop.south@nhs.net)

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| **Patient Referral Criteria** |

The patient has been referred for behavioural support in line with the NHS England Funding Variation for Cohort I, as outlined in the NHS England [Interim Commissioning Guidance](https://www.england.nhs.uk/wp-content/uploads/2025/03/PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf).

Tirzepatide (Mounjaro®) is licenced for use in weight management in conjunction with wrap around support, which incorporates nutritional and dietetic advice as a minimum and access to behavioural change components, as a mandatory requirement to access treatment.

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| **Declaration of Patient Eligibility** |

Confirmation that the patient has been referred for Behavioural Support in line with the NHS England Funding Variation via a Primary Care Pathway following prescribing of Tirzepatide (Mounjaro®) for weight management purposes:

* 4 weight related comorbidities (Atherosclerotic cardiovascular disease, hypertension, dyslipidaemia, obstructive sleep aponea, type 2 diabetes) and;
* An initial body mass index (BMI) of at least 40 kg/m2\*

*\* Use a lower BMI threshold (reduced by 2.5 kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds*

**Confirm**

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| **Patient Details** |

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| **Title** |  | **Telephone Number** |  |
| **First Name** |  | **Mobile Number** |  |
| **Surname** |  | **Patient’s Preferred Language** |  |
| **Address** |  | **Does the patient speak English?** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |
| **Gender** |  |
| **Postcode** |  | **Is the patient on the Serious Mental Illness Register?** |  |
| **NHS Number** |  | **Is the patient on the Learning Disabilities Register?** |  |
| **E-mail Address** |  |  | |
| **Does the patient have a visual impairment?** | | |  |
| **Does the patient have a hearing impairment?** | | |  |
| **What is the patient’s preferred method of contact?** | | |  |

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| **Referral Details** |

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| **Planned start date for prescribing of Tirzepatide (Mounjaro®)** |  |
| **Referral date for Behavioural Support** |  |

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| **Point of Access Details** |

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| **Referrer’s Name** |  |
| **Referrer’s Organisation** |  |
| **Referrer’s Address** |  |
| **Referrer’s Contact Details (E-mail/Phone)** |  |

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| **Patient’s GP Details** |

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| **GP Surgery Name** |  | **GP Surgery ODS Code** |  |
| **GP Surgery Address** |  |  | |

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| **By completing this form, the referrer confirms that the patient understands that:**   1. Their information is being shared with Living Well Taking Control 2. Information from Living Well Taking Control will be shared back to their registered General Practice and Prescribing Organisation in a secure manner. 3. Their data will be treated as confidential and held, shared, and disposed of in line with all legal requirements (including the Data Protection Act 2018) and NHS Guidance (including Caldicott Guidelines) 4. They are committing to 9 months of Behavioural Support with Living Well Taking Control from the point of prescribing:    1. This referral will cover the Behavioural Support of the NHS Primary Care Obesity Medication Pathway.    2. The Clinical Support of the NHS Primary Care Obesity Medication Pathway will be provided by their prescribing provider. Monthly appointments with a suitably trained healthcare professional should be conducted during the titration phase of Tirzepatide (Mounjaro®), with structured medication reviews incorporated in the management pathway for at least the first 12 months of prescribing. 5. If the patient does not engage with the behavioural support, providers are required to inform the relevant healthcare professionals. This should prompt a clinically led discussion with the patient about the appropriateness of continuing treatment by the prescriber. 6. If a patient has lost less than 5% of their initial weight after 6 months on the highest tolerated dose, the risks of treatment are likely to outweigh any benefits. Take into account how well the patient engaged with the lifestyle measures previously and their willingness to engage on this occasion.   **By completing this form the referrer acknowledges:**   1. Where a patient is identified as being likely to benefit from specialist or intensive psychological or psychiatric support, a referral to the appropriate service should be made. Referral to the NHS Behavioural Support in line with the prescribing of Tirzepatide (Mounjaro®) does not replace that need. 2. Where a patient is identified as being likely to benefit from specialist or nuance dietetics support, a referral to the appropriate service should be made. Referral to the NHS Behavioural Support in line with the prescribing of Tirzepatide (Mounjaro®) does not replace that need.   **Referral to the NHS Behavioural Support for Obesity Prescribing does not replace the use of other clinical pathways were considered appropriate by the referring health care professional.** |