

Do you consider yourself as having a disability under the Equality Act 2010?	
Do you have any additional support needs? If so, please state	
Do you require an interpreter? If so, please state language.	
Would you be happy to be part of a group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What days/times would suit you best?	

Signature:	
Date:	

Please tear-off completed section and return to:

Department of Nutrition and Dietetics, Western Isles Hospital, Macaulay Road,
Stornoway, Isle of Lewis HS1 2AF

Alternatively you can scan this section (both sides) and email it to:
wi.dietetics@nhs.scot

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Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.

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Bòrd SSN nan Eilean Siar
NHS Western Isles



Department of Nutrition & Dietetics
Weight Management Service



SELF-REFERRAL FORM

We offer free weight management support for people living in the Western Isles.

The team consists of Registered Dietitians and Healthy Weight Practitioners who are skilled and experienced in supporting people to reach their goals.

We have a range of options available, ranging from specialist support for those with medical conditions to general lifestyle advice for weight loss.

You may be invited to attend a group or be seen individually. We will offer you support for a minimum of a year, this consists of fortnightly appointments for the first 12 weeks and then less often as you make progress. We provide a service across the whole of the Western Isles. Some of the more specialist support may be offered via telephone, video or email to ensure that we meet your needs in the best way possible.

We will offer you advice on a wide range of topics including:

- sensible weight loss targets
- planning ahead
- setting goals
- healthier food choices
- appropriate portion sizes
- food labelling
- physical activity
- meal planning
- and more.

These programmes are aimed at people who want to lose weight, are ready to commit to attending appointments and make sustainable changes to their diet and physical activity levels. You will be supported every step of the way.

We offer programmes of support for people of all ages.

Please complete the self-referral form in as much detail as possible. If you have any questions, or require help completing the self referral form please contact us on 01851 708279.

We will be in touch with you soon after we receive your form with appointment dates. Please keep this part of the leaflet for reference.

SELF-REFERRAL FORM

Name:	
Date of Birth:	
Address:	
Tel No:	
Email:	
Sex:	
Ethnic Group:	
GP Practice:	
Reason for referral:	
Existing medical conditions:	
Current medications: (or attach a prescription tear-off if you have one)	
Have you ever had gestational diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Estimated weight:	
Estimated height:	
Are you seeing any other health professionals? (If so, please state)	
Recent blood pressure (if known)	
Recent HbA1c (if known)	