

Medical Weight Management Clinic Referral Guidelines

Austin Health holds a weekly Medical Weight Management Clinic for people with severe obesity needing **specialist obesity management**. Due to an overwhelming demand for this service, we are currently **only accepting referrals for patients meeting the criteria below**.

Department of Health clinical urgency categories for specialist clinics

For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt.

Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Referral Process

GP Referral Guide: Please see below conditions accepted into this clinic and provide the relevant investigations required below to aid in the appropriate triaging of your patient. Please complete the Medical Weight Control Questionnaire. Referral will be rejected if fully completed questionnaire is not received.

<https://www.austin.org.au/specialist-clinics-referral-guidelines-forms/>

Patient instructions: Please instruct your patient to bring **ALL** their diagnostic results to their Specialist Clinic appointment.

Exclusion criteria: Referrals will be declined if they meet any of the below exclusion criteria:

- No specific weight loss goal mentioned in referral
- No documented previous attempts at weight loss
- Active, untreated eating disorder
- Age < 18 years old
BMI < 35 kg/m²
- Individuals with Prader-Willi syndrome who are being referred for general care of their condition will **not** be accepted. Referrals will only be accepted if they are specifically for obesity management. All other indications will be rejected. As **we are not a specialized Prader-Willi Syndrome clinic**, managing medical comorbidities other than obesity is beyond our scope of practice.
- Individuals requesting/ needing a surgical assessment. Please see the appropriate [Bariatric \(Obesity and Weight Loss Surgery\) Referral Guidelines](#)
- **Please note this is a medical weight loss clinic that utilizes medications to assist with this chronic medical condition. Patients who are not willing to, or are not suitable for, medical weight loss should consider other avenues such as surgical treatment, dietitian-led programs, exercise programs, or community-based weight management services.**

Clinic Discharge Exit Criteria: Your patient will be discharged from our medical weight management program either at the completion of the 12-month program or sooner if any of the following criteria are met:

- **Achievement of Weight Management Goals:** The patient has successfully achieved and maintained their target weight, or a significant and sustained weight loss as determined by the clinical team.
- **Transition to Maintenance Phase:** The patient has completed the active phase of weight management and is deemed to be ready to transition to a maintenance program under the supervision of their GP or another healthcare provider.

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- **Stabilization of Comorbid Conditions:** Associated comorbid conditions, such as diabetes, hypertension, or sleep apnoea, are adequately controlled, and ongoing management can be transitioned to the patient's primary care provider.
- **Patient Decision to Discontinue:** The patient chooses to discontinue participation in the program, either due to satisfaction with progress, preference for another treatment approach, or other personal reasons.
- **Non-adherence with Treatment Plan:** The patient consistently fails to adhere to the recommended treatment plan, including dietary guidelines, exercise recommendations, or medication protocols, despite repeated counselling and support.
- **Unwillingness to Participate Due to Cost:** Patients who are unwilling or unable to participate in a medical weight management program that includes options such as Very Low Energy Diets (VLED) or pharmacotherapy due to the associated costs.
- **Lack of Progress Despite Maximum Intervention:** After maximum medical intervention, the patient shows minimal or no improvement, and further treatment within the clinic is deemed unlikely to be beneficial.
- **Development of Exclusion Criteria:** The patient develops a condition or meets any of the exclusion criteria above

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Obesity with at least one medical comorbidity currently not well treated as below: <ul style="list-style-type: none"> • Diabetes • Hypertension • Obstructive sleep apnoea • Hyperlipidaemia • Osteoarthritis/ Joint disease • Coronary artery disease • Polycystic ovary syndrome • Cerebrovascular disease • Fatty liver disease 	When to Refer: <ul style="list-style-type: none"> • Age ≥ 18 years • Wishes to undertake intensive medical weight loss intervention • BMI ≥ 35 kg/m² • Clearly defined weight loss target discussed with the patient prior (i.e. 5 % loss of body weight) 	To be included in referral <ul style="list-style-type: none"> • Age • Height • Weight • BMI • Medical comorbidities • Current Medications • Previous weight loss attempts clearly documented as follows: <ul style="list-style-type: none"> ◦ Self-attempts ◦ Dietitian review ◦ Prior weight loss program ◦ Previous Bariatric surgery Diagnostics <ul style="list-style-type: none"> • Fasting glucose • Electrolytes/renal function, • liver function tests • Thyroid function tests • Fasting lipid profile • HbA1c 	Urgent: within 4 weeks Routine: All others as per wait list.	We will offer a maximum of a 12-month program that incorporates a multidisciplinary team approach, including dietitians and endocrinologists. The usual treatment regimen begins with a modified VLED followed by a dietitian-supervised transition to regular foods. Pharmacotherapy for appetite reduction may be introduced as part of the program A referral for bariatric	Typically, 4-6 appointments over a period of 6-12 months. Patients will then be discharged back to their general practitioner's care with a plan for longer-term management.

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<ul style="list-style-type: none"> Peripheral vascular disease Psychiatric illness 		<ul style="list-style-type: none"> Vitamin D level Calcium, magnesium, phosphate B12 folate iron studies Liver ultrasound (to assess for fatty liver disease) Sleep apnoea assessment: <i>A copy of either the Sleep Study report, the STOP-Bang Questionnaire or Epworth Sleepiness Scale scores must be included in the referral for it to be accepted.</i> 		surgery will only be considered if clinically indicated by our team and is not a guaranteed outcome.	
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>Prader-Willi syndrome requiring obesity management</p> <p>Please note that this is not a general Prader-Willi clinic, and we are only able to manage obesity-related concerns. We will not be able to address any other conditions.</p>	<ul style="list-style-type: none"> Age ≥ 18 years old Wishes to undertake intensive medical weight loss intervention BMI ≥ 35 kg/m² 	As above	As above	As above	As above
<p>Weight loss required for additional treatment to improve survival</p> <p>Example: organ transplantation,</p>	<p>When to Refer:</p> <ul style="list-style-type: none"> Age ≥ 18 years Wishes to undertake intensive medical 	As above	As above	As above	As above

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surgical removal of malignancy	weight loss intervention <ul style="list-style-type: none"> • BMI ≥ 35 kg/m² • Clearly defined weight loss target discussed with the patient prior (ie 5 % loss of body weight) 				
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Weight loss required prior to surgical treatment to improve surgical outcomes Example: orthopaedic or gynaecological surgery	<ul style="list-style-type: none"> • Age ≥ 18 years old • AND wishes to undertake intensive medical weight loss intervention • BMI ≥ 35 kg/m² • The referral must specify the desired amount of weight loss and the time frame within which it should be achieved 	As above	As above	As above	As above