**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR ABDOMINOPLASTY**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the patient falls within the normal morphological range.**

### PATIENT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | | |
| DATE OF BIRTH |  | NHS NUMBER |  |
| ADDRESS |  | | |
| REFERRING GP |  | | |

In your clinical opinion is the patient currently experiencing severe difficulties with daily living i.e. ambulatory/urological restrictions YES/NO

|  |
| --- |
| If YES please give details: |

Please specify any patient weight loss that has contributed to the request for abdominoplasty:

|  |  |
| --- | --- |
| Initial Weight (KG) |  |
| Date (MM/YY) |  |

|  |  |
| --- | --- |
| Current Weight (KG) |  |
| Date (MM/YY) |  |

|  |  |
| --- | --- |
| Total weight loss to date |  |
| Height |  |
| Current BMI |  |

Has the patient undergone weight loss surgery? YES/NO DATE OF SURGERY:

Was the weight loss surgery performed by the NHS? YES/NO

Length of time the BMI has been stable and below 27? ……………………………………………

Does the patient suffer from any other relevant physical problems (e.g. persistent intertrigo) and what, if any, treatments have been tried?

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| --- |
| Details: |

GP Signature ………………………………………… Date ………………………………..