

Please send to: Department of Community Nutrition and Dietetics, St Annes Primary Care Centre,
 Durham Avenue, St Annes, FY8 2EP Tel: 01253 957871 Fax No: 01253 953924

You can also email back to bfwh.askadietitian@nhs.net

Referral criteria can be found on:

www.bfwh.nhs.uk/our-services/community-services/community-nutrition-and-dietetics/

***Personal Details**

NHS Number:

Date Of Birth:

Surname:

Forename (s):

Address:

Post Code:

Telephone Number:

Religion:

Living Situation:

Signer/Interpreter Required:

General Practitioner:

Address:

Telephone Number:

***Patients support network**

Home Visit Required Yes / No **(only provided to patients confined to home)**

Name and Contact Details of Main Carer:

Name and Contact Details Care agencies involved:

Key box code:

***Risk to Worker**

	Yes	No	If Yes provide more information- (more space overleaf)
Any Known risks to clinician	<input type="checkbox"/>	<input type="checkbox"/>	
Any animals at property	<input type="checkbox"/>	<input type="checkbox"/>	

***Patient Consent**

	Yes	No (if NO comment overleaf)
Has the person consented to referral to the Dietetic service		

***What are the presenting problems? Please tick**

	Type 1	Type 2
Diabetes Mellitus Newly diagnosed, and those requiring dietary review	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease - requiring support with dietary change and lifestyle modification		
Nutritional Support - Patients with MUST screen of 2 or more. (see over)		
Coeliac Disease: Newly diagnosed, and those requiring dietary review		
Irritable bowel syndrome		<input type="checkbox"/>
Diverticulitis Disease		<input type="checkbox"/>
Other Bowel conditions		<input type="checkbox"/>
Anaemia		<input type="checkbox"/>

Name:

NHS No:

***Nutritional support:**

*Patients weight in last 3-6 months

kilograms (kg)

*Date of historical weight

*Patient's current weight:

kg

Patients Height

(metres) m

Patients current body mass index (BMI)

kg/m²

Malnutrition Universal Screening Tool (MUST) Score:

/6

How long have these problems been experienced and how do they impact on the person's life?

Details of any recent changes in the person's life which could be related to the presenting problems.

Additional Information (free text)

*Date completed:

Signed:

*Print name of referrer:

*Print Designation of referrer:

*Contact details of referrer:

Referral will be rejected if * sections incomplete

Weight management services are provided by the local specialist obesity service.

For referral criteria see www.bfwh.nhs.uk/weightmanagement