

**DIETETICS REFERRAL FORM**

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](mailto:bfwh.askadietitian@nhs.net)

**Referral criteria can be found on:**

[www.bfwh.nhs.uk/our-services/community-services/community-nutrition-and-dietetics/](http://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**

Diabetes Mellitus Newly diagnosed, and those requiring dietary review	Type 1	Type 2
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	Gout	
Diverticulitis Disease	Hypertension/ Lipid lowering /cardiac advice	
Other Bowel conditions	Dietary Deficiencies	

**Name:**

**NHS No:**

Anaemia

Food allergy or intolerance

**\*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/m<sup>2</sup>

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](http://www.bfwh.nhs.uk/weightmanagement)**