**Referral to Community Dietitians**

**Please return the completed form to the Referral Hub by email to**

[**Bks-tr.healthhub@nhs.net**](mailto:Bks-tr.healthhub@nhs.net)

**Referrals can also be made via the Hub by Phone 0300 365 1234 or Fax 0300 365 0400**

**Please complete ALL sections marked \* and any other relevant sections**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*NHS Number (1 digit per box please)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | **Date of referral** | **Patient Consented?**  YES NO |
| **\*Patient Name**  **\*Patient Address**  **\*Patient Contact No**  Home:  Mobile: | **\*Referrer Name & Job Title**  **\*Referrer Address for correspondence**  **\*Referrer Contact No** | |
| **Date of Birth** | **\*Ethnicity** | |
| **\*GP Name and Surgery** | **\*Reason for Referral** – complete any relevant info below that may be required for triage purposes | |
| **Relevant Medical Condition** incl any allergies | **Relevant Medication** | |
| **Weight and height** if relevant to referral e.g. weight management., nutrition support | **BMI** Please provide BMI **or** weight and height if relevant to referral e.g. weight management programme, nutrition support advice. | |
| **Blood test results** Are there any blood test results relevant to the referral e.g. Lipids, IGT, blood sugars? Please state results here. | | |
| **Nutrition Support – please supply**  Must Score (must be 2+ to be accepted by the department for advice) …………………….    If unable to weigh please supply a MUAC (cm) …………………….  Is patient on oral nutritional supplements? YES NO  Please tick relevant box  **If Yes please list** …………………………………….. | | |
| **Dementia** Please tick relevant box  Does this patient have dementia? YES NO | | |
| **End of Life** Please tick relevant box  Is this patient receiving End of Life Care? YES NO | | |
| **Does the patient require a home visit** Please tick relevant box  YES NO | | |