



With all of us in mind



Community Nutrition and Dietetic Service Referral Form

Patient's Name: Mr/Mrs/Miss etc:

NHS number:..... Date of birth:

Patient's telephone numbers:.....

Address:.....

.....Postcode:.....

Social information:.....

GP name: Telephone number:

Practice address:

Reason for referral to the dietitian:

Is this patient able to attend an outpatient appointment? Please circle Yes No

Diagnosis/relevant clinical details:

Current medications:.....

Medical history: Please tick yes or no and give relevant details below:

Table with 4 columns: Clinical conditions, Yes, No, Details. Rows include Diabetes, Gastrointestinal disorder, Food allergies, Renal impairment, Liver disease, Dementia, Swallowing problems, Dyslipidaemia, and Other.

Weights:.....kg (date:)kg (date:)kg (date:)

Height:.....m (actual or estimated) Current BMI:kg/m2

Other relevant information e.g. recent weight changes, biochemistry, diagnostic test results etc:.....

Referral completed by: Signed:
Designation: Date & time:
Address: Telephone number:.....

Please Post or Fax form to:

Community Dietetics & Nutrition Service, The Cudworth Centre, Carlton Street, Barnsley, S72 8ST

Fax: 01226 438888

Tel: 01226 438817