

COMMUNITY DIETETIC SERVICE: ADULT REFERRAL FORM

Telephone: 01278 447 407 EMAIL: DieteticsReferrals@SomersetFT.nhs.uk

Please ensure all fields are completed or referral may be declined and returned

Patient Details

Name		NHS Number	
Please tick box if address and contact details are correct on Rio OR if you are attaching a letter/discharge summary which includes address and contact details. The address and contact details below are not required if they are provided as an attachment or confirmed as correct on Rio			••
Address		GP Name	
Postcode		GP Surgery	
Telephone Number		Date of Birth	
Mobile Number		Contact E-mail	
Referral type	Routine <input type="checkbox"/>	Urgent <input type="checkbox"/>	Note: Referrals will be triaged by a dietitian and if triaged as urgent the dietitians will aim to review within 2 weeks.
Is patient able to attend a consultation by either telephone or video consultation or out-patient appointment in the community?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, a home visit is required
If the patient requires a home visit: Are there any known security risks/issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	if YES, please add details to the additional information box
Is the patient in the armed forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the patient have learning disabilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the patient have any special communication requirements, such as needing an interpreter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	if YES, please add details to the additional information box
Are you aware of any safeguarding issues or issues with capacity? (please add carers contact details if required)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	if YES, please add details to the additional information box

Patient Referral Details and Medical History

Reason for referral: e.g. Type 2 diabetes with poor control, nutrition support with unintentional weight loss/poor appetite etc	
Weight	Kg Date recorded
Height	M Date recorded
Body Mass Index (BMI)	Kg/m ² Date recorded
MUST Score if appropriate	Date recorded
Weight History if appropriate	
Please detail any relevant	

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co-morbidities including mental health diagnoses or attach a medical summary with this referral	
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Referrals will be triaged by a dietitian and patients will be offered either a video or telephone consultation, face to face appointment (clinic or home visit if deemed clinically necessary) or they will be provided with a range of self-help support.

Additional Information

Please insert any other information in this box which is relevant to this referral.

Name of referrer	
Referrer's occupation	
Referrer's e-mail	
Date of referral	

Please complete this referral form and attach the last 3 consultations, past medical history, medication list and relevant biochemistry or a recent discharge summary letter. **No additional referral letter is required if the former are completed and attached.**

Please send completed form and relevant information to the Community Dietetics Service by email to: DieteticsReferrals@SomersetFT.nhs.uk . **Please do not attempt to post or fax referrals.**

If you would like further information on referring to our service, including our MUST care pathways for community and care home settings please visit our website:
<https://www.somersetft.nhs.uk/dietetics/referring-to-the-dietitians/referring-to-community-dietetic-services/>

Internal Dietitian Referrals ONLY – Please document appropriate actions

<p>This referral is for information only. Referral to be added to RIO with no action. Patient provided with care plan and self-help information and/or offer of self-activated community dietetic referral/follow up. Written information provided:</p>	<input type="checkbox"/>
<p>Community follow up required. SELF-ACTIVATED REFERRAL SHOULD BE ENCOURAGED, Community Dietetic Service will send activation letter for follow up, only in the circumstances below.</p> <p>Vulnerable <input type="checkbox"/> Memory difficulties <input type="checkbox"/> Social Circumstances <input type="checkbox"/></p> <p>Other:</p>	<input type="checkbox"/>