Community Adult Dietetic Service

Referral form for Bromley Healthcare Staff please email to bromh.cccpod3refs@nhs.net

Community Dietitians, Beckenham Clinic, 14 The Crescent, Beckenham, BR3 1DU

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| **PATIENT DETAILS** | **REASON FOR DIETETIC REFERRAL**  |
| **Surname** |  | **Poor Nutritional Intake** |  |
| **First Name** |  | **Pressure Ulcer** location and grade |  |
| **Gender** |  | **Allergy**please specify |  |
| **Home****Address** |  | **IBS** |  |
| **Mobile No** |  | **Gastro condition**please specify |  |
| **Tel No** |  | **Hyperlipidaemia** |  |
| **Ethnicity** |  | **Other** please specify |  |
| **NHS No** |  | Patients requiring weight reduction advice can access commercial weight management groups through their GP |
| **Is the patient housebound?** |  | Patients requiring specific diabetes dietary advice should be referred via SPE to the Bromley Diabetes Service by their GP  |
| **GP DETAILS** | **NUTRITIONAL SUPPLEMENTS** |
| **GP** |  | **Patient on Nutritional supplements?** |  |
| **Surgery** |  | **Name** |  |
| **Address** |  | **Dose** |  |
|  |  | **Starting date** |  |
| **Tel No** |  | **Tolerance** |  |
| **Fax No** |  | **Compliance** |  |
| **RELEVANT CONCERNS** | **RELEVANT MEASUREMENTS** |
| **Bowel type** |  | **Height :**  |
| **Skin integrity** |  | **Current Weight :**  |
| **Swallowing difficulties** |  | **BMI :**  |
| **Is patient on texture modified diet? -** Specify |  | **MUST Score :**  |
| **Is patient on thickened fluids? –** Specify stage |  | **Weight history past 4 months** |  |
| **MEDICAL DIAGNOSIS/PMH** | **RELEVANT SOCIAL INFORMATION** |
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| **RELEVANT MEDICATION & BLOOD RESULTS** | **APPOINTMENT LOCATIONS** |
| Please attach prescription list and any recent blood results | Patients will be routinely offered a clinic appt at either; Beckenham Beacon, St Paul’s Cray or the Willows Clinic |
| **Referrers Name & Job Title**  |  | **Date** |  |
| **Work Base Location**  |   | **Contact Number**  |  |