Bromley Community Adult Dietetic Service

Referral form please email to bromh.cccpod2refs@nhs.net
Community Dietitians, Beckenham Beacon, 379 Croydon Road, Beckenham, BR3 3QL Tel: 0300 330 5777

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| **PATIENT DETAILS** | **REASON FOR DIETETIC REFERRAL**  |
| **Name** |  | **Poor Nutritional Intake** |  |
| **Date of Birth** |  | **Pressure Ulcer** location and grade |  |
| **Gender** |  | **Allergy**please specify |  |
| **Home****Address** |  | **IBS** |  |
| **Postcode** |  | **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** |  |
| **Postcode** |  | **Starting date** |  |
| **Tel No** |  | **Tolerance** |  |
| **Fax No** |  | **Compliance** |  |
| **RELEVANT CONCERNS** | **RELEVANT MEASUREMENTS** |
| **Bowel type** |  | **Height:** | **Date:** |
| **Skin integrity** |  | **Current weight:** | **Date:** |
| **Swallowing difficulties** |  | **BMI:** | **Date:** |
| **Is patient on texture modified diet? -** Specify |  | **MUST Score:** | **Date:** |
| **Is patient on thickened fluids?** – specify stage / level |  | **Weight history past 6 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 appointment face-to-face or via telephone as preferred |
| **Referrers Name & Job Title**  |  | **Date** |  |
| **Work Base Location**  |  | **Contact Number**  |  |