**Greenwich Adult Dietetics (Malnutrition)**

**Food First Team Referral Form**

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| **Patient Details** |
| Surname:  | Forename:  |
| DOB:  | NHS No:  |
| Address:  | Tel: Tel. Mobile: Other contact (Carer/ next of kin): |
| Ethnicity:  | Interpreter Required? □ No □ Yes – Language: |
| **GP Details:** | **GP Address:** |
| **Is this patient Housebound?** □ Yes □ No | **Consent for referral?:** □ Patient □ Carer □ In best interests |
| **Medical History:** | **Medications list:** |
| **Reason for referral / other comments / access information: (key safe, unable to answer the door/phone, nursing home)** |
|  |
| **MALNUTRITION UNIVERSAL SCREENING TOOL***Essential for acceptance of this referral (See page 2. for reference)* |
| Current weight: Date: | Height: | BMI (kg/m2): |
| Mid-Upper Arm Circumference measurement (if unable to weigh): Date:  |
| Weight History: | **MUST Score:** |
| **Is the patient on nutritional supplements? □ Yes □ No**Details: |
| **Referrer details:** |
| Name: | Tel: |
| Address: | Signature: | Date: |

**Please return completed form via:**

**Email**. oxl-tr.dieteticreferrals@nhs.net

**Post**: Dietetics, Room F42, Memorial Hospital, Shooters Hill, SE18 3RG

**INCOMPLETE FORMS WILL BE REJECTED**

For Referrals to Primary Care Dietetics, Please use NHS E-Referrals

**Malnutrition Universal Screening Tool (MUST)**



‘MUST’ Calculator: <http://www.bapen.org.uk/screening-and-must/must-calculator>

‘MUST’ Toolkit: <http://www.bapen.org.uk/screening-and-must/must/must-toolkit>