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| **NHS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Daytime Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female** | **GP/Consultant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Next of kin:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship to patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Adults:** Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MUST Score: \_\_\_\_\_\_\_\_\_Date of Measurement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous weights & dates: | **Children:**Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Measurement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous weights & dates: | **Has the patient given consent to this referral?****Yes No Unable** **If unable, please state why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Clinic appointment** **Housebound requiring home visit****Concerns about verbal or physical abuse** **Any relevant information for home visit eg. animals of concern, gaining access\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reason for Referral:** **Assessment for nutritional deficiencies** **MUST Score >2**  **Dysphagia -referred to SALT Y / N** **Pressure wound – Grade \_\_\_\_\_\_\_** **Reduced oral intake due to cancer treatment** **Enteral feeding:**  **Feeding route eg. NG/PEG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Food allergy Intolerance** **To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Non IgE medicated allergy only** **IBS – no improvement after first line advice** **Protein Energy Malnutrition under 18 years****f Faltering Growth/Low BMI** **Coeliac disease**  **Other Gastro condition – please specify: \_\_\_\_\_\_\_\_\_\_\_****Is this referral related to military service?**  | **Diagnosis and relevant medical history:** |
| **Medication / Nutritional supplements / Feed:** |
| **Relevant biochemistry:** |
| **Are there diagnosed psychological illnesses?****Yes Please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****No**  |
| **Communication needs due to disability / sensory loss****Yes** **No**  |
| **Interpreter required?****Yes** **No**  |

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| **Please note we do not accept referral for the following:*** Eating disorders – Anorexia Nervosa, Bulimia, ARFID, Binge Eating Disorder
* Metabolic disorders managed by secondary care
* Multiple food allergies. IgE medicated reactions
* Malnutrition with unmanaged depression
* Weight Management. Please use SWMS referral criteria for local services
* Diabetes. Please refer to X-pert for new diagnosis and poor compliance
* CKD above Stage 3

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