

South West Yorkshire Partnership
NHS Foundation Trust
Community Nutrition and Dietetic Service Referral Form

Patient's Name: Mr/Mrs/Miss etc:
 NHS number:..... Date of birth:
 Patient's telephone numbers:.....
 Address:..... Postcode:.....
 Social information:.....
 GP name: Telephone number:
 Practice address:

Reason for referral to the dietitian:

Is this patient able to attend an outpatient appointment? *Please circle* **Yes No**

Diagnosis/relevant clinical details:
 Current medications:.....
 Medical history: *Please tick yes or no and give relevant details below:*

Clinical conditions	Yes	No	Details
Diabetes: Type 1 or Type 2 (please specify)			
Gastrointestinal disorder			
Food allergies and intolerances			
Renal impairment			
Liver disease			
Dementia			
Swallowing problems			
Dyslipidaemia e.g. high cholesterol level			
Other:			

Weights:.....kg (date:)kg (date:)kg (date:)
 Height:.....m (actual or estimated) Current BMI:kg/m2

Other relevant information e.g. recent weight changes, biochemistry, diagnostic test results etc:.....

Referral completed by:	Signed:
Designation:	Date & time:
Address:	Telephone number:.....

Please Post or Fax form to:
Community Nutrition and Dietetic Service, The Cudworth Centre, Carlton Street,
Barnsley, S72 8ST Fax: 01226 438888 Tel: 01226 438817

Chair: Ian Black Chief Executive: Rob Webster

