

DEPARTMENT OF DIETETICS AND NUTRITION

GENERAL PRACTITIONER REFERRAL FORM FOR DOMICILIARY VISITS

There is currently no dedicated funded dietetic service for domiciliary visits therefore an emergency only service is provided to patients who are UNABLE to visit or be transported to a dietetic clinic. Referrals will be screened and prioritised by the dietitian according to patient need.

Please note there is currently no domiciliary service for overweight/obese patients.

NOTE - PLEASE DO NOT REFER ANY PATIENT WHO IN YOUR OPINION HAS A LIFE EXPECTANCY OF LESS THAN 2-3 MONTHS

PATIENT NAME Mr/Mrs/Miss.....

UNIT NUMBER NHS NUMBER.....

DOB TELEPHONE NUMBER.....

ADDRESS.....

.....POST CODE.....

DIAGNOSIS.....

MEDICAL HISTORY

SOCIAL INFORMATION.....

CURRENT MEDICATIONS (including insulin).....

RELEVANT BIOCHEMISTRY e.g. HbA1c if patient has diabetes, U&Es, lipids, diagnostic bloods

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Please circle the following:

Does the patient have diabetes?	YES	NO
If YES, what type of Diabetes they have:	TYPE 1	TYPE 2
Does the patient have swallowing problems?	YES	NO

IF YES – the patient should have been seen by a Speech and Language Therapist prior to dietetic referral and recommendations made should be included with this referral form.

CURRENT HEIGHT.....CURRENT WEIGHT.....

WEIGHT HISTORY

BMI.....

REASON FOR REFERRAL OR DIETARY INTERVENTION REQUIRED

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PLEASE ATTACH ANY OTHER RELEVANT INFORMATION

REFERRER DETAILS

Referee signature.....

Print name.....

Contact number.....

Date of referral.....

GP PRACTICE DETAILS/STAMP

PLEASE RETURN COMPLETED FORMS TO:-

- 65 years and over – Dietitian for Older People, Mount Vernon Hospital, Mount Vernon Road, Barnsley, S70 4DP. Telephone 01226 433241
- Under 65 years – Community Dietitians, Cudworth Centre, Carlton Street, Cudworth, Barnsley, S72 2ST. Telephone 01226 438809
- Patients of any age with diabetes – Community Diabetes Dietitians, Cudworth Centre, Carlton Street, Cudworth, Barnsley, S72 2ST. 01226 438818

PLEASE NOTE, INCOMPLETE FORMS WILL BE RETURNED

FOR DIETETIC USE ONLY

DATE REFERRAL RECEIVED:

REFERRAL ACCEPTED	YES	NO
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COMMENTS: