**COMMUNITY DIETETIC REFERRAL**

**Private and Confidential**

Stewart Smith House, Royal Devon and Exeter Hospital (Wonford). Tel: 01392 402576

For GP Practice use

Please complete and refer via e-Referrals Service. Please select the Referral Assessment Service (RAS) option at RD&E and choose “Send for Triage”.**Specialty–**Dietetics **Clinic Type–**Relevant clinic type

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| --- |
| **Patient Details: Section 1** |
| **NHS Number:** |  | **Date of Birth:** |  | **Sex:** |
| **Patient Name:** |  | **Marital Status:** |  |
| **Address:** |
| **Postcode:**  |  | **Email: Address:**  |  |
| **Home Tel No:**  |  | **Mobile Tel No:**  |  |
| **Referring GP Details:** |
| **Name:** |  | **Registered GP:** |  |
| **Practice Name: and Address::** |  |
| **Practice Address:** |  |
| **Tel No:** |  |

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| --- |
| **Medical diagnosis and clinical details (Please attach GP summary)** |
| Reason for Referral: | Select boxes as appropriate |
| To help with weight gainRegarding diabetesRegarding IBSRegarding gluten free adviceTo increase intake of specific nutrient (e.g. iron, calcium, etc)Regarding a healthy balanced dietTo improve nutritional intake (eg fussy eater)Pre Peg tube assessmentTo helpwith lowering cholesterol levelOther: please specify | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| Comments (e.g. current investigations, second address, etc.) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weight (Kg) |  | Height: |  | Body mass index (BMI) |  |
| If height and weight unknown is this referral: Urgent [ ]  Routine [ ]  Non-applicable [ ]  |
| Weight history if known: |
| Relevant blood test results (if diabetes please include Hba1c / for IBS please exclude coeliac disease via IgA Ttg. If nil relevant to specify that) |
| Date of Request |  |

**Relevant Past Medical History:**

**Medications:**