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| **Paediatric Dietitian Infant Cow’s Milk Protein Allergy (CMPA)** **Service Referral Form** |

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| Please complete for infants **under 12** months registered with GP practices in **West Devon only** with suspected or confirmed **non-IgE CMPA**. We aim to see new referrals within 10 working days. We will support all families regardless of feeding method, supporting continuation of breastfeeding and/or advising on suitable formula options where appropriate, reducing the need for this to be commenced in primary care. We welcome referrals from GPs, Health Visitors, Consultants and Pharmacists.  **Please email to** **plh-tr.cmpadietitian@nhs.net** **to avoid delay.**  |

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| **Patient Details:**  |
| **Patient Name:** |  |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Parent/Guardian Name:** |  |
| **Address:****Postcode:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Interpreter Required?** | **Y / N (If yes, please specify language)** |
| **Social History (Including any safeguarding issues):** |
| **GP Details:** |
| **GP Name:** |  |
| **Practice Name:**  |  |
| **Practice Address:** |  |
| **Telephone Number:** |  |
| **Referrer Details (if not GP):** |
| **Name:** |  |
| **Role:** |  |
| **Workplace:** |  |
| **Telephone Number:** |  |
| **Email Address:**  |  |

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| **Growth History:** |
| **Birth weight and centile:** |  |
| **Birth length and centile:** |  |
| **Current weight and centile (please include date):**  |  |
| **Current length and centile (please include date):** |  |
| **Any concerns with growth e.g. dropping centiles/faltering growth:****If yes, please refer to below guidelines:** [**https://www.nice.org.uk/guidance/ng75**](https://www.nice.org.uk/guidance/ng75) | **Y / N** |
| **Feeding History:** |
| **Feeding method e.g. breast/formula fed (name):**  |  |
| **Details of any dietary exclusions (including maternal if breastfed) or specialist formulas recommended and any effects:** |  |
| **If reflux present, has feeding volume been assessed and NICE Guidance (2015) NG1 on GORD been followed?** [**https://www.nice.org.uk/guidance/ng1**](https://www.nice.org.uk/guidance/ng1) | **Y / N** |
| **If applicable has breastfeeding support been sought:** | **Y / N** |
| **Symptom History (please state time of onset):** |
| **Gastrointestinal symptoms (e.g reflux, vomiting, colic, abdominal pain, blood/mucous in stools, constipation):****If blood in stools please also consider referral to paediatrics**  |  |
| **Respiratory symptoms (e.g. wheeziness or congestion):** |  |
| **Dermatological symptoms (e.g. eczema, urticaria or pruritis):** |  |
| **Other symptoms (e.g. facial swelling or feeding aversion):** |  |
| **Any family history of atopic conditions (e.g. food allergies, allergic rhinitis, asthma, eczema):**  |  |
| **Medication History:** |  |
| **Current medications and effect:** |  |
| **Previous medications and effect:** |  |
| **Any other relevant medical history:** |  |
| **Date of referral:** |  |