**Paediatric Dietetic Referral Form**

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| Please complete this form fully and return to:**Paediatric Dietitians, Nutrition & Dietetic Department,** **The Great Western Hospital, Marlborough Road, Swindon, SN3 6BB**or email it to: **gwh.paediatricdieteticreferrals@nhs.net** Please note that this email address is for referrals only. If the referral is urgent please telephone the Dietetic Department on 01793 605145. ***Please note that incomplete forms may be returned***. | For official use only

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| **Date Rec** | Click here to enter a date. |
| **Triage** | **GWH** | Choose an item. |
| **Community** | Choose an item. |
| **CMPA Group** | Choose an item. |
| **Reject** | [ ]   |
| **Tick if urgent** | [ ]   |
| Date of appointment  | Click here to enter a date. |
| Previously seen/ NRC? | [ ]   |

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**Patient Details**

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| **Patient Name**: Click here to enter text.**Date of Birth:** Click here to enter a date. **NHS number:** Click here to enter text.**Gender at birth:**  Choose an item. | **Address:** Click here to enter text.**Contact no:** Click here to enter text.**Does patient consent to message being left on answer phone?** Yes [ ]  No [ ] **Does patient consent to text message correspondence?** Yes [ ]  No [ ]  |

**GP and Next of Kin Details**

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| **GP Name:** Click here to enter text. **GP Practice address:** Click here to enter text.**Postcode:** Click here to enter text.**Tel number:** Click here to enter text. | **Next of Kin Name:** Click here to enter text.**Relationship to patient:** Click here to enter text.**Telephone number**:Click here to enter text. **Are they the main carer?** Yes [ ]  No [ ] **If no, does the patient have another carer?** Yes [ ]  No [ ] **Please provide contact name and details:**Click here to enter text. |

**Referral Details**

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| **Is an interpreter required?** Yes [ ]  No [ ]  N/A [ ]  Details: Click here to enter text.**Are there any safeguarding issues relating to patient?**  Yes [ ]  No [ ]  N/A [ ]  Details: Click here to enter text.**Does the patient have any difficulties with mobility?** Yes [ ]  No [ ]  N/A [ ]  Details: Click here to enter text.**Please indicate other services involved:** Click here to enter text. **Any other relevant information:** Click here to enter text. |

**Medical Information**

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| **Diagnosis:** Click here to enter text.**Past Medical History:** Click here to enter text.**Does the patient have any allergies or intolerances?**Yes [ ]  No [ ]  Details: Click here to enter text.**Weight:** Click here to enter text. **Height:** Click here to enter text.**Other comments:**Click here to enter text. |

**Reason for Referral**

Please indicate reason for referral below (to the left).

Additional information has been provided (on the right): These actions are optional to assist you and/or the patient in the interim (not all actions may be relevant to your role). Please indicate any points that are actioned.

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| **Reason(s) for referral** | **Educational checklist** |

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| [ ]   | **Mild to moderate** IgE or Non-IgE Cow’s milk protein allergy (CMPA)**Severe** IgE or Non IgE mediated CMPA please also refer to the GWH Paediatricians**Allergy focussed history questions at the end of this form are required for this referral and your form may be returned if these questions are not completed.**  | Refer to BSW CMPA guideline<https://prescribing.bswccg.nhs.uk/?wpdmdl=6681> As per the guideline, a milk-free diet must have been commenced in primary care, and a milk-challenge completed for suspected non-IgE CMPA, prior to referral to dietetics. | [ ]   |
| [ ]   | Other single food allergy (e.g. soya or egg or wheat or nut) Children with IgE or multiple food allergies - please also refer to the GWH Paediatricians | Provide link to the Allergy UK advice on food allergies<https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/36-types-of-food-allergy>  | [ ]   |

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| [ ]   | Faltering growth **(INFANTS – up to 2 years of age)**Weight and length MUST be included with the referral |  | [ ]   |
| [ ]   | Faltering growth **(CHILDREN)**Weight and height MUST be included with the referral | Provide first line advice on food fortification and energy dense foods Recommend milky drinks and nourishing snacks between meals | [ ]   |
| For 2-5 year olds: Provide link to NHS underweight advice<https://www.nhs.uk/live-well/healthy-weight/underweight-children-2-5-advice-for-parents/>  | [ ]   |
| For 6-12 year olds: Provide link to NHS underweight advice<https://www.nhs.uk/live-well/healthy-weight/underweight-children-6-12-advice-for-parents/>  | [ ]   |
| [ ]   | Suspected Eating Disorders | Refer to CaMHS<https://www.oxfordhealth.nhs.uk/camhs/refer/>  | [ ]   |
| [ ]   | Functional GI disorders (e.g. IBS)TTG: Click here to enter text.**Specify:** Click here to enter text. | Check TTG negative (on gluten containing diet) to rule out coeliac disease NB Gluten should be consumed in more than one meal every day for at least 6 weeks before testing | [ ]   |
| Provide BDA Food Fact Sheet on Irritable Bowel Syndrome <https://www.bda.uk.com/foodfacts/IBSfoodfacts.pdf> | [ ]   |
| [ ]   | Coeliac diseaseTTG: Click here to enter text. | Signpost to Coeliac UK website. Recommend membership. <https://www.coeliac.org.uk/home/> | [ ]   |
| Provide link to relevant webinar: * Newly Diagnosed Coeliac Disease / Review for Coeliac Disease
* Calcium and Coeliac Disease

<https://patientwebinars.co.uk/coeliac/webinars/> | [ ]   |

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| [ ]  | **Other: (please state)**Click here to enter text. |

**PLEASE NOTE WE DO NOT ACCEPT REFERRALS FOR THE FOLLOWING**

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| [ ]   | Lactose intolerance | Refer to the NHS advice on common conditions in children<https://www.nhs.uk/common-health-questions/childrens-health/what-should-i-do-if-i-think-my-baby-is-allergic-or-intolerant-to-cows-milk/>  | [ ]   |
| [ ]   | Toddler diarrhoea  | Provide link <https://patient.info/childrens-health/acute-diarrhoea-in-children/toddlers-diarrhoea>  | [ ]   |
| [ ]   | Constipation | Please follow the NICE guidelines and provide link <https://www.nhs.uk/conditions/constipation/>  | [ ]   |
| [ ]   | Nutritional deficiency, eg. Iron, calcium  | Provide BDA Food Fact Sheet on specific nutrients in food<https://www.bda.uk.com/foodfacts/home>  | [ ]   |
| [ ]   | Weaning  | Provide link to the NHS weaning advice <https://www.nhs.uk/start4life/weaning/> | [ ]   |
| [ ]   | Healthy eating advice | Provide link to NHS Change4Life and Eatwell information:<https://www.nhs.uk/change4life> <https://www.nhs.uk/live-well/eat-well/> | [ ]   |
| [ ]   | Weight management | Provide link to NHS Weight Management Advice for Children <https://www.nhs.uk/change4life> Provide link to First Step Nutrition Eating Well Resources <https://www.firststepsnutrition.org/eating-well-resources>Provide link to NHS Patient webinar on weight management in childrenhttps://patientwebinars.co.uk/condition/weight-management-in-children/further-information-hand-outs/ | [ ]   |
| Consider referral to Healthy Lifestyles Service:**Swindon**<https://www.swindon.gov.uk/info/20139/live_well_swindon_hub/923/leading_an_active_lifestyle/2> **Wiltshire**<https://www.wiltshire.gov.uk/public-health-weight-management>  | [ ]   |
| [ ]   | Fussy eating/restricted dietWITHOUT faltering growth  | Provide link to the Infant and Toddlers Forum advice on fussy eating <https://infantandtoddlerforum.org/toddlers-to-preschool/fussy-eating/>  | [ ]   |
| Provide link to the NHS advice on fussy eating<https://www.nhs.uk/conditions/pregnancy-and-baby/fussy-eaters/> | [ ]   |
| [ ]   | Extreme selective / restricted eating habits | Provide link to NHS Patient webinar on fussy eating<https://patientwebinars.co.uk/condition/fussy-eating-in-children/webinars/> | [ ]   |

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| **Name of referrer:** Click here to enter text. **Signature:** Click here to enter text. **Date:** Click here to enter a date.**Referrers Profession:** Choose an item.**Referrer’s address:** Click here to enter text.**Contact telephone no:** Click here to enter text.**Email address:** Click here to enter text.**(please provide contact details as we may need to clarify any information on this form)** |

**Allergy Focused History**

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| **Allergy Focused History** |
| **How old was the infant when the symptoms first appeared? Please describe what happened at this time.** |
| Click here to enter text. |
| **How soon after having cow’s milk (or other food) did symptoms generally appear?**  |
| *Please tick one:* | [ ]  Within 30 minutes | [ ]  Between 30 minutes and 2 hours | [ ]  2-24 hours later |
|  | [ ]  24-48 hours later | [ ]  48-72 hours later |  |
| **Presenting symptoms and pattern of appearance:** Please tick all relevant sections |
| [ ]  **Skin:** | [ ]  Itching[ ]  Redness / flushing[ ]  Nettle rash[ ]  Eczema[ ]  Swelling |
| **Pattern** | [ ]  Intermittent **OR** [ ]  Continuous |
| [ ]  **Oro-pharyngeal:**  | [ ]  Pruritus[ ]  Swelling (lips, tongue, pharynx)[ ]  Vocal changes[ ]  Throat closure |
|  **Pattern:** | [ ]  Intermittent **OR** [ ]  Continuous |
| [ ]  **Gastrointestinal:** | [ ]  Acute abdominal pain[ ]  Bloating/excessive wind[ ]  Blood or mucous in the stool[ ]  Constipation[ ]  Diarrhoea/loose frequent stools[ ]  Gastro-oesophageal reflux[ ]  Back arching[ ]  Projectile vomiting |
| **Pattern:** | [ ]  Intermittent **OR** [ ]  Continuous |
| [ ]  **Respiratory:** | [ ]  Runny nose / congestion[ ]  Conjunctivitis [ ]  Nasal itching[ ]  Sneezing[ ]  Cough[ ]  Wheeze[ ]  Shortness of breath |
|  **Pattern:** | [ ]  Intermittent **OR** [ ]  Continuous |
| [ ]  **Anaphylaxis**: | [ ]  Severe respiratory symptoms/collapse of circulatory system requiring steroids or adrenaline |
| [ ]  **Other:** | [ ]  Pallor, [ ]  Tiredness, [ ]  Faltering growth, [ ]  Malnutrition [ ]  Other condition: Click here to enter text. |
|  **Pattern:****Family History of Atopy:** | [ ]  Intermittent **OR** [ ]  Continuous[ ]  Yes [ ]  No |