**Paediatric Dietetic Referral Form**

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| Please complete this form fully and return to:  **Nutrition & Dietetic Services,**  **St Martin’s Hospital, Bath, BA2 5RP**  or email it to [ruh-tr.referralsSMHdietitians@nhs.net](mailto:ruh-tr.referralsSMHdietitians@nhs.net).  Please note that this email address is for referrals only.  If the referral is urgent please telephone the Dietetic  Department on 01225 833916.  ***Please note that incomplete forms may be returned***. | For official use only   |  |  |  |  | | --- | --- | --- | --- | | **Date Rec** | |  | | | Triage | Send appt |  | | | Tel appt |  | | | Home Visit |  | | | Group | CHO | Xpert | | MF | IBS | | Tick if urgent |  | | | Appt | Date of appt |  | | | Time & place |  | | | Tick if prev r/card | |  | | |  | |  | | |

**Patient Details**

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| Name:<Patient Name>  DoB:<Date of Birth>  NHS no: <NHS number>  Gender:<Gender>  Ethnic group:<Ethnicity> | Email Address:<Patient Contact Details>  Address: <Patient Address>  Contact no:<Patient Contact Details>  Does patient consent to message being left on answer phone?  Yes  No  Does patient consent to email correspondence?  Yes  No  Does patient consent to text message correspondence?  Yes  No |

**GP and Next of Kin Details**

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| GP Name: <Sender Name>  GP Practice address: <Sender Details> <Sender Address>  Postcode: <Sender Address>  Tel no.: <Sender Details> | Next of Kin Name: <Relationships>  Relationship to patient: <Relationships>  Tel No: <Relationships>  Are they the main carer?  Yes  No  If no, does the patient have another carer?  Yes  No Please provide contact name and details: |

**Medical Information**

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| Diagnosis: | | | | | |
| Past Medical History:    <Problems>  <Summary> | | | | Family and Environmental factors | |
| Relevant medications: | | | | Sip feeds/nutritional supplements: | |
| Acutes | <Medication> | | |
| Repeats | <Repeat templates> | | |
| Allergies | <Allergies & Sensitivities> | | |
| Family History of Atopy | | | | | |
| Does the patient require a texture modified diet? | | | | Y /  N Details: Food level:      Fluid level: | |
| Does the patient have any allergies or intolerances? | | | | Y /  N Details: | |
| Other comments: | | | | | |
| **Weight** | | <Numerics> | **Height** | | <Numerics> |

**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** | |
|  | 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> |  |
| Consider referral to Healthy Lifestyles Service |  |
|  | Fussy eating/restricted diet  WITHOUT 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/> |  |

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|  | Children with sensory difficulties, e.g. textures or touch should also be referred to Paediatric SLT and OT services for assessment and advice | Provide link for information about sensory issues and how to assess them  <https://www.griffinot.com/sensory-issues-symptoms-and-checklists/> |  |

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|  | **Further questions at the end of this form are required for this referral and your form may be returned if these questions are not completed.**  Non-IgE Cow’s milk protein allergy (CMPA)  For IgE and severe Non IgE mediated CMPA please refer to the RUH Paediatric Allergy Team | Refer to NICE guidelines on CMPA  <https://cks.nice.org.uk/cows-milk-protein-allergy-in-children> |  |
| Refer to iMAP guidelines on CMPA <https://www.allergyuk.org/health-professionals/mapguideline> |  |
| Provide link to the Allergy UK information on CMPA  <https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/469-cows-milk-allergy#download_access> |  |
|  | Other single allergy (e.g. soya or egg or wheat or nut)  Children with IgE or multiple allergies - refer to the RUH paediatric allergy team | 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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|  | 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  Specify: | Provide BDA Food Fact Sheet on specific nutrients in food  <https://www.bda.uk.com/foodfacts/home> |  |
|  | Faltering growth  **Weight and length/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 |  |
| Provide BDA ‘Help My Child Gain Weight’ leaflet  <https://www.fbsresources.com/help-my-child-gain-weight-c2x17598718> |  |

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|  | Weaning | Provide link to the NHS weaning advice <https://www.nhs.uk/start4life/weaning/> |  |
| Provide link to BDA and BSACI advice on ‘Preventing food allergy in your baby: summary for parents’  <https://www.bsaci.org/pdf/Infant-feeding-and-allergy-prevention-PARENTS-FINAL-booklet.pdf> |  |

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|  | Functional GI disorders  (e.g. IBS)  TTG: <Numerics>  Specify: | 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> |  |
| Provide link to The National Institute of Diabetes and Digestive and Kidney Diseases Health Information Centre  <https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome-ibs-children> |  |

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|  | Coeliac disease  Please refer to the RUH acute paediatric dietetic team  TTG: <Numerics> | 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)    <Event Details> |
| **NB Children with a diagnosed eating disorder: Please refer directly through the CAMHS Single Point of Access (SPA) on 03001245012.**  **Children with a diagnosed coeliac disease: Please refer directly to the RUH acute paediatric dietetic team.** | |

**Type of Intervention Required**

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| 1. Outpatient clinic   Location options: (please tick)  Paulton /  RUH /  St Martins /  Keynsham    *Group Education maybe offered for first line advice. If this is not suitable for this patient please state reason here:*    *Please note that a home visit will only be carried out if deemed clinically necessary. Telephone advice may be*  *given if it is felt this would be appropriate. (Patients will not be seen at home purely due to transport difficulties).* |

**Referral Details**

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| Is an interpreter required?  Y  N  NA Details:  Are there any security/safety issues relating to seeing this patient?  Y  N  NA Details:  Does the patient have any difficulties with their mobility?  Y  N  NA Details:  Please indicate other services involved:  School and teacher:<Patient School>  Consultant name:  Any other relevant information: |

**Blood Results** (Last 12m):

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| **FBC** | <Numerics> | | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> | | | |
| **UE** | <Numerics> | | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> | | | |
| **LFT** | <Numerics> | | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> | | | |
| **CRP** | <Numerics> | | <Numerics> | | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | | TSH <Numerics>, Free T4 <Numerics> | | **INR** | <Numerics> |
| **Bone** | <Numerics> | | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> | | | |
| **Iron** | <Numerics> | | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics> | | | |
| **Vitamins** | <Numerics> | | B12 <Numerics>, Folate <Numerics> | | | |
| **Lipids** | <Numerics> | | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> | | | |
| **Random Glucose** | | | <Numerics> | | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | | | <Numerics> | | **HbA1c** | <Numerics> |
| **TTG** | | <Numerics> | | TTg <Numerics>, TTg IgA <Numerics>, Anti-TTg <Numerics> | | |

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| Name of referrer: Signature: Date:  Referrer’s address:……………………………………………………………………………………………………….  Contact telephone no: …………………………. Email address: …………………………………………………… (please provide contact details as we may need to clarify any information on this form)  Team: Community Neuro & Stroke Service □ Reablement □ Impact □ Early Supported Discharge □  GP surgery □ District Nurses □ Specialist Nurse □ Learning Difficulties □ Community matron □  Other □ ……………………………………………………Title:  Profession: Nursing □ GP □ Consultant □ AHP □ Other: |

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| **Allergy Focused History** | | | |
| How old was baby when the symptoms first appeared? Please describe what happened at this time. | | | |
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| 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 or other condition: | | |
| ***Pattern:*** | Intermittent OR  Continuous | | |