**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.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

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| **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 |       |
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**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 [ ]  NoDoes patient consent to email correspondence? [ ]  Yes [ ]  NoDoes 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 [ ]  NoIf 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 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/> | [ ]  |

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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 deficiencySpecify:       | 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 diseasePlease 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. |
|       |
| 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 |