

Community Dietitian Paediatric Referral Form

Please complete ALL fields and return to the Berkshire Health Hub
integratedhub@berkshire.nhs.uk Tel 0300 3651234 / Fax 0300 3650400

**If complex learning needs OR if attending a special needs school, please refer to CYPIT.
Please note incomplete referral forms will not be accepted and will be returned.**

| | | |
|---|--|----------------|
| Name of patient: | NHS Number: | Referral Date: |
| D.O.B: | | |
| Has parent/carer/guardian consented to the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Best Interest <input type="checkbox"/> | Name of person making referral: | |
| Ethnicity: Main language: Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Contact telephone number: | |
| Patient Address: | Job title/Department/Location: | |
| Postcode: | GP Name/Surgery: | |
| | Address: | |
| | Postcode: | |
| | Telephone: | |
| Name of Parent/Carer or Guardian: | Preferred appointment method: | |
| Address: (If different from patient) | <input type="checkbox"/> Face to face (clinic) | |
| Telephone Number/s: | <input type="checkbox"/> Telephone Phone | |
| | <input type="checkbox"/> Virtual appointment | |
| | <input type="checkbox"/> Group Workshop – Cows' Milk Protein Allergy for under 12 months | |
| Medical Conditions / Relevant medical history / Bloods or test results. | | |
| If allergies, please include an allergy focused history (see infant feeding guidelines) | | |
| Medication – please include any current prescription of formula milk, ONS etc. | | |
| | | |
| Date: _____ Weight (kg) & Centile: _____ Height & Centile: _____ | | |
| Previous Weight or Centile History (if known, and include dates): | | |
| _____ | | |

REASON FOR REFERRAL (attach additional information if necessary)

- Faltering Growth (weight/height <0.4th Centile **Or** weight crossing down 2 or > Centiles, **Or** > 2+ Centile difference with weight and height/length)
- Fussy eating/restrictive eating (excluding eating disorders)
- Coeliac Disease
- Confirmed Diagnosis of Cow's Milk Protein Allergy / Confirmed Diagnosis of Multiple Allergies

For Non-IgE / Delayed CMPA (mild to moderate): Indicate if diagnosis has been confirmed through a 2-week dairy elimination diet, followed by a re-introduction period: (See: BSACI or NICE Guidelines 116)

Yes or No

For Ig E Allergy, GP to refer to Allergy Clinic Referral Guidelines

Other (please state) ...
We are unable to accept requests for scientifically unsupported diet approaches.

Exclusions:

- We are not commissioned for paediatric weight reducing services.
- For clients at a special school, complex learning needs, or tube fed, refer to CYPIT.
- For eating disorders, please refer to Berkshire Eating Disorder Service (BEDS) via CYPF

Other presenting symptoms/further information (if applicable)

- Reflux
- Constipation
- Diarrhoea
- Failure to thrive
- Nutritional support
- Nutritional deficiencies (i.e., Iron, Vitamin D, etc.)

Other Services referred to/involved in clients care: tick as appropriate.

- OT
- SLT
- CAMHS
- Other.....

If referred by out of area specialist hospital/or service, please attach medical history/hospital summaries: