Department of Nutrition and Dietetics

Bassetlaw Community Referral

Please provide a copy of a 4 day food chart - any referrals sent without this information will be rejected

Resident's Name:	**DOB:**
Address: **Phone Number:**	**Name & designation of person completing form:** **Date:**

SECTION 1 - Reason For Referral

SECTION 2 - Medical History (tick all as appropriate and provid details where possible)

	Mental Health Problems e.g. Alzheimer's/Dementia	
	Coronary Heart Disease e.g. angina, stroke, heart failure	
	Diabetes Type 1 or Type 2	
	Neurological Condition e.g. Parkinson's or similar	
	Bone Condition e.g. arthritis/osteoporosis	
	Lung Condition e.g. COPD or Fibrosis	
	Renal Problems	
	Swallowing Problems Due to clinical condition e.g. stroke or cancer	
	Gut Problems e.g. angina, stroke, heart failure	
	Coronary Heart Disease e.g. IBS, Diverticulitis, Crohns etc	
	Any other not listed (state)	

SECTION 3 - Weight History (Provide details of weight for the past 3 months)

Date	Weight (kg)	BMI kg/m²	MUST Score

SECTION 4 - Nutrition Related History

Dietary Intake

Tick all applicable

Current diet provided:

- ☐ Normal diet
- ☐ Enriched diet
- ☐ Texture modified diet:
  - ☐ Level 7 (Regular)
  - ☐ Level 6 (Soft & Bite sized)
  - ☐ Level 5 (Minced & Moist)
  - ☐ Level 4 (Pureed)
  - ☐ Level 3 (Liquidised)
- ☐ Thickened Fluids:
  - ☐ Level 0 (Thin)
  - ☐ Level 1 (Slightly Thick)
  - ☐ Level 2 (Mildly Thick)
  - ☐ Level 3 (Moderately Thick)
  - ☐ Level 4 (Extremely thick)

Speech & Language Therapy input: ☐ YES ☐ NO

☐ **Thickener used** (specify type): .....

☐ **Any other diet - e.g. diabetic** (State): .....

Oral nutritional supplements (ONS):

- ☐ GP/nurse has prescribed supplements
- ☐ None prescribed
- ☐ Homemade Supplements

Level of assistance required at meal times:

- ☐ Independent feeder
- ☐ Partial assistance required
- ☐ Full assistance

Adaptive aids if used: .....

Please complete all sections and FAX to: **01302 642955**

or send to:

Dietetics Department, Clinical Therapies
Bassetlaw District General Hospital, Kilton Hill, Worksop S81 0BD

Tel: 01909 572773

PLEASE NOTE: Incomplete forms will be returned