**Please post to:**

Community Paediatric Dietitian **Please email to:** [cswdietitians@nhs.net](mailto:cswdietitians@nhs.net)

Queen Mary’s Hospital **Direct Line:** 020 8487 6431/33

Roehampton Lane

London SW15 5PN

**Wandsworth Community Paediatric Dietetics Referral Form (0-18 years)**

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**Wandsworth Paediatric Dietetics Referral Form (0-18 years)**

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| **Date of referral:** | | **\*Incomplete referrals may not be accepted\*** | |
| **Patient details:** | | **GP details:** | |
| Family name |  | Name and address of GP practice |  |
| First name |  |
| Date of birth |  |
| NHS number |  | Name of GP |  |
| Gender | Male  Female | Telephone number |  |
| Name of parent / guardian |  |  | |
| Mobile number |  | **Referrer details** (if different to GP): | |
| Telephone number |  | Name |  |
| Home address |  | Profession |  |
| Base |  |
| Telephone number |  |
|  |  |  |  |
| **Is an interpreter required?** YES  NO  If yes, which language? | | | |
| **Has this referral been agreed with the child’s parent/guardian?**  YES  NO | | | |
| **Is the child subject to a Child Protection Plan?**  YES  NO  Named Social Worker: ­ | | | |
| **Current medication:** | | | |
| **Medical information (including name of other teams involved):** | | | |

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| --- | --- | --- | --- |
| **Reason for referral:** | **Please note, we will only accept referrals that fit into one or more of the following criteria:** | | |
| **Faltering growth** | Weight/height <0.4th centile.  Weight crossing down 2 or more centiles.  2+ centiles difference between weight and height on repeated measurements.  **Weight: Height:** | | |
| **Food allergy or intolerance** | ***Please see Wandsworth CCG document on Appropriate Prescribing of Specialist Infant Formulae for first line management of cow’s milk protein allergy and lactose intolerance.***  Allergic symptoms to known/possible food allergens and not already managed in an acute allergy clinic.  **Symptoms:** | | |
| **Behavioural eating problems** | Restricted range in diet eg. accepting <20 foods or avoiding a whole food group.  Fussy eaters with >2 centiles difference in weight and height. | | |
| **Gastrointestinal** | Constipation  Reflux  Diarrhoea | | |
| **Gastro-oesophageal reflux disease (GORD)** | ***Please see Wandsworth CCG document on Appropriate Prescribing of Specialist Infant Formulae for first line management.*** | | |
| **Nutritional deficiencies** | Iron  Vitamin D  Calcium  Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Weight management** | ***Please see Wandsworth Healthy Weight Care Pathway and Toolkit for first line management. If children are suitable, they should be referred to the MEND (<5 years) or Beat It (5-18 years) programs as first line. Only refer to dietitians if unsuitable for MEND/Beat It AND***  BMI >99.6th centile (+3.33SD)  BMI >98th centile + comorbidity or complex needs (please specify):  **Weight: Height: BMI:** | | |
| **Eating disorders** | We do not accept referrals for children with eating disorders. Please refer to specialist eating disorders service or CAMHS. | | |
| **Additional information:** | | | |
| **Signed:** | | **Name:** | **Date:** |