**Please post to:**

Community Paediatric Dietitian **Please email to:** [**wandsworthdietpaeds@stgeorges.nhs.uk**](mailto:wandsworthdietpaeds@stgeorges.nhs.uk)

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

Roehampton Lane

London SW15 5PN

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

**Referrals from health professionals accepted**

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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 or a Child in Need?**  YES - please give details  NO  **Is the child looked after (i.e. under the care of the Local Authority)?** YES - please give details  NO  Named Social Worker and contact details: ­ | | | |
| **Current medication(s):** | | | |
| **Medical information (including medical history/diagnoses and names 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:** | | |
| **Under nutrition / Faltering growth** | On UK WHO growth Charts:  ☐ Weight or length/height <0.4th centile  A fall across 2 or more weight centile spaces  Weight is 2 or more centiles lower than length/height on repeated measurements  **Weight: Height: Date:** | | |
| **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:** | | |
| **Feeding / eating and drinking concerns** | Restricted range in diet accepting:  <20 foods  <10 foods  Avoiding a whole food group:  Protein Carbohydrates Fruit/Vegetables Dairy  Fussy/selective eating **and faltering growth**  ☐ Difficulties with starting solids **and faltering growth**  **Any related diagnosis?** ☐ YES NO  (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **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 note referrals for children aged 13-18 years without complex health needs will be redirected to our adult dietetic team* | **Referrals are accepted for children with a:**  BMI on or over the 99.6th centile (+3.33SD)  BMI over the 98th centile **and** complex health needs  BMI over the 98th centile **and** a comorbidity **(aged >11 years accepted)**  (please specify comorbidity):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Weight: Height: BMI: Date:**  ***Children aged 2-11 should be referred to attend the Wandsworth Health4 life group programme if they meet the following criteria:***   1. *Resident in Wandsworth or attend a primary school in Wandsworth* 2. *Children aged 2-5 years (pre-school) with weight more than 2 centiles above height centile (using the UK-WHO 0-4 growth charts in the red book)* 3. *Children aged 5-11 years who have been identified through NCMP with BMI over the 91st centile (clinically overweight) at Reception or BMI over 98th (clinically obese) at Year 6*   ***Please note children with BMI on or over 99.6th centile are not accepted*** | | |
| **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:** |