**Please post to:**

Community Paediatric Dietitian **Please email to:** 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 [ ]  NOIf 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 [ ]  NONamed 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:** |