

**NHS GG&C Mental Health Services  
Nutrition & Dietetic Service Referral**



<b>Name :</b>		<b>CHI No :</b>	
<b>Address (including post code) and Telephone number:</b>			
<b>GP Name/ Address and Telephone number:</b>			
<b>Carer Name &amp; Telephone number:</b>			
<b>Date of Referral :</b>			
<b>Diagnosis :</b>			
<b>Reason for Referral :</b>			
<b>Height (metres):</b>	<b>Weight (Kgs) :</b>	<b>B.M.I :</b>	<b>MUST Score:</b>
			<b>Date:</b>
			(for those at risk of malnutrition)
<b>Weight History :</b>			
<b>Details of any 1<sup>st</sup> line advice or intervention already carried out:</b> - Please include information such as date discussed, dietary advice leaflets issued and agreed goals. If no 1 <sup>st</sup> line advice given, please state reason:			
<b>Mental Health Summary :</b>			
<b>Physical Health Summary (including medical conditions/ disabilities etc) :</b>			
<b>Current Medication :</b>			
<b>Referrer:</b> .....		<b>RISKS / ALERTS :</b>	
<b>Designation:</b> .....			
<b>Address</b> .....			
<b>Contact Tel Number</b> .....			
<b>To be completed by dietitian on receipt of referral :</b>			
<b>Dietitian :</b>		<b>Date Received :</b>	
<b>Action :</b>		<b>Date Actioned :</b>	