



Request for Dietetic Assistance Referral Form

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| **CARE HOME DETAILS** |
| NAME OF CARE HOME |  |
| TOWN & POSTCODE |  |
| TELEPHONE NUMBER |  |

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| **INSTRUCTIONS** |
| Only use this form for the resident if they have a MUST score of 3 or more Refer to Nutritional Care Pathway and NHS MUST Management Guidelines |
| Document in Care Plan that this has been completed and the date sent to Dietitian given. |
| Photocopy when completed and retain in the Resident’s Folder.  |
| **REFERRER’S DETAILS**  Date: Completed by: Position: |
| **Please complete all sections of the referral - Incomplete referrals will not be accepted.** |

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| **COMPLETED FORM TO BE E-MAILED TO:** |
| fife.nutritionanddieteticreferrals@nhs.scot  |



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| **RESIDENT’S DETAILS** |
| Surname: | First Name: |
| Date of Birth: | **CHI Number:** |
| Address: |
|  | Post Code: |
| Unit: | Telephone: |
| Date of Admission: |
| GP Name:GP Address: |
|  Post Code: |

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| **REFERRAL SUMMARY** |
| Admission Date: |
| Admission Weight: | Admission BMI: | Height: |
| **Last 3 Weights** |
| Date | Weight | BMI |
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|  |  |  |
|  |  |  |
| 3 Day Food & Fluid Charts Completed? | Yes [ ]   | No [ ]  |
| Reason for Referral to Dietetics: Factors affecting nutritional intake/requirements:Sore Mouth Nausea Diarrhoea Constipation Drowsiness Pressure Ulcers Vomiting  |

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| **REFERRAL INFORMATION** |
| Relevant Medical History: |
| Current Medication: |
| Recent Investigations/Blood Results (if relevant):  |
| Any additional relevant information e.g. referral to Speech & Language Therapist – please include recommendations and/or date of referral |
| COMMUNICATION |
| Will the resident be able to discuss their dietary intake: Yes [ ]  No [ ]  |
| If no, please provide further details? |

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| **ANTHROPOMETRY** |
| Weight 6 months ago: |  |  |
| MUST Score:  | 1**[ ]**   | 2 [ ]   | 3**[ ]**  | 4**[ ]**  |

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| PRESENT DIETARY INTAKE |
| Does the resident require assistance to eat/drink? | Yes [ ]  | No [ ]  |
| Does the resident require prompting/supervision? | Yes [ ]  | No [ ]  |
| *If yes please give details:* |
| Are any food aids such as adapted cutlery/heated plates/feeding cups being used?  | Yes [ ]  | No [ ]  |
| *If yes please give details:* |
| Consistency of Food & Fluids | Food | Normal [ ]  | Texture Modified [ ]  |
| Fluid | Normal [ ]  | Thickened [ ]  |
| *If texture modified please give details (including IDDSI levels for diet and fluids):* |

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| NUTRITIONAL SUPPORT & FOOD FORTIFICATION |
| Has the resident been prescribed any nutritional supplements?  | Yes [ ]  | No [ ]  |
| If yes please give details including type and date first prescribed: |
| Is the resident’s diet currently fortified?  | Yes [ ]  | No [ ]  |
| Please give details of which foods/drinks you are fortifying: |
| Have you discussed this with the resident/relative?  | Yes [ ]  | No [ ]  |
| If NO please give further details: |

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| **FOOD & FLUID RECORD CHART** |
| Residents Name: | D.O.B: |
| Date Chart Commenced: | Care Home: |

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| **KEY** |
| **M**  | MISSED MEAL - *(Please Comment)* |
| **O** | OFFERED - *(None Eaten/Drunk)* |
| **A** | ALL EATEN |

PLEASE RECORD **ALL** FOOD & FLUID TAKEN FOR **3** DAYS - BY PLACING AN ‘**X**’ IN THE APPROPRIATE BOX.

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| **FOOD/DRINK** | **DAY 1 – AMOUNT** | **DAY 2 – AMOUNT** | **DAY 3 – AMOUNT** |
| **BREAKFAST** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** |
| Fruit/Fruit Juice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cereal/Porridge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bread/Roll |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MID-MORNING** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** |
| Drink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biscuit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Snack  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **LUNCH** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** |
| Fruit/Fruit Juice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Soup |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Main Course |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Potato |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sandwich |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vegetable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pudding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MID-AFTERNOON** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** |
| Drink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biscuit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Snack  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EVENING MEAL** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** |
| Fruit/Fruit Juice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Soup |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Main Course |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Potato |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vegetable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sandwich |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pudding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cheese/Biscuits |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BEDTIME** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** | **M** | **O** | **¼** | **½** | **¾** | **A** |
| Drink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biscuit/Bread |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Snack  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reasons for any missed meals** |