West Suffolk NHS
NHS Foundation Trust

Care Home Referral Form

Following nutritional screening using MUST and/or request for dietetic consultation

Inappropriate and/or incomplete referrals will be sent back to the referrer

Patient details:
Name: .... Date of Birth: ....
NHS No: .... Current Place of Residence: ....
Address: .... Tel No: ....
GP Name/Surgery: .... Tel No: ....

Referrer details:
Referred by: .... Job Title: ....
Telephone No: .... Location/address:..
Signed: .... Date: ....

Reason for referral please tick boxes: ☐ Urgent ☐ Routine
☐ Continued weight loss after implementing food fortification for 4 weeks
☐ Therapeutic diet i.e. Renal, diabetes ☐ Special diet advice (please specify) ....
☐ Other (please specify): ....

High Risk Factors
☐ Swallowing difficulties ☐ Rapid weight loss(more than 10% in 3-6 months)
☐ Breathing difficulties i.e. COPD ☐ Current increased requirements i.e. infection, pressure sores, poor wound healing
Brief medical history: ....
....
Current medications: ....

MUST screening results - <u>we will only accept referrals with a MUST score of 2 or above</u>

Step 1	**Step 2**	**Step 3**	**Step 4**
Current weight ____kg Height ____m BMI ____kg/m^2 Score ____	Weight loss over past 3-6 months ____kg % weight loss ____ Score ____	Acute disease effect score ____	Overall MUST score (sum of scores from step 1, 2 and 3) ____

Action already taken:
Homemade milkshake ☐ Frequency offered: ______________
Cream shots ☐ Frequency offered: ______________
Nourishing drinks e.g. Horlicks/hot chocolate ☐ Frequency offered: ______________
Food fortification ☐ Extra snacks ☐ Other: _________________

<u>IMPORTANT</u> - Before referring this client, please check that you have followed the MUST Local Policy and Action plan and have completed <u>all</u> sections of this referral form. Please include the following:
☐ Detailed 3-day food and fluid record chart (snapshot taken from 4 week food and fluid record chart) which <u>must</u> show evidence of implementing food first advice
☐ Weight history chart - if not available, please state reason why: __________________________

<u>HOW TO REFER – by post or email only</u>

Community Dietetic Service
Maple House
24 Hillside Business Park
Bury St Edmunds
IP32 7EA

Tel: 01284 713668
email: communitydietitians@wsh.nhs.uk

Putting you first

University of Cambridge Associate Teaching Hospital