North Tees and Hartlepool NHS
NHS Foundation Trust

Adult Dietetic Referral Form

Name:
Address:
DOB:
CRN/ Hospital No:
NHS Number:

Patient details

Preferred name: ..... Sex: ☐ Male ☐ Female

Contact telephone number: ..... Patient's email: .....

☐ Married ☐ Partner ☐ Single ☐ Divorced ☐ Widowed

Religion: ..... Ethnicity: .....

Communication issues: ☐ Yes ☐ No If yes, please detail: .....

Relative/carer details

Contact name: ..... Relationship to patient: .....

Contact telephone number: .....

Other agencies / key worker / professionals involved: .....

.....

Patient's GP: .....

Surgery name and address: .....

GP contact number: ..... GP fax number: .....

Hospital: ☐ UHNT ☐ UHH Ward: ..... Consultant: .....

Referral details

☐ Routine ☐ Urgent ☐ New ☐ Review

Reason for referral/diet requested: .....

.....

At referral: Weight: ..... Height: ..... BMI: .....

Relevant medical history/further relevant information:

.....

.....

Diagnosis: ..... Date: .....

Relevant blood results: Relevant medication:

....

....

Relevant social information: ....

....

Person referring:

Signature: ..... Date: ..... Time: .....

Print name: ..... Designation: .....
(BLOCK CAPITALS)

Contact address: ..... Telephone number: .....

For office use only

Date referral received: ..... Clinic Code: .....

Date of 1st appointment: ..... Time: ..... Booking Office Stamp: .....

To be completed by: Dietitian

Signature: ..... Date: ..... Time: .....

Print name: ..... Designation: .....

Please complete all sections and send to: Department of Nutrition and Dietetics
University Hospital of North Tees
Hardwick, Stockton. TS19 8PE
Fax: 01642 383172
Email: nth-tr.dieteticsdept-uhnt@nhs.net

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