

Care Home Referral Form

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

(Inappropriate and incomplete referrals will be sent back to referrer.)

Name (Mr/Ms/Mrs/Miss): Date of birth: / /

NHS no: Current place of residence:

Address: Tel no:

GP name/surgery: Tel no:

Referred by: Job title:

Tel no: Location/Address:

Signed: Date: / /

Reason for referral: Weight loss Taking nutritional supplements Texture modified diet

Tick: Urgent Routine Special diet Poor intake/appetite Other:

High risk factors (tick if applicable):

Swallowing difficulties Therapeutic diet (ie renal, diabetes)

Breathing difficulties (ie COPD) Current increased requirements (ie infection, pressure ulcers, poor wound healing)

Brief medical history (please attach):

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Current medication (please attach):

.....

MUST Screening Results			
Step 1 Current Weight: kg Current Height: Current BMI: kg/m ² MUAC left / right: cm Score:	Step 2 Weight loss in past 6 months: kg % weight loss: % Score:	Step 3 Acute Disease Affect Score: <i>(Unlikely to occur in the community)</i>	Step 4 Overall MUST Score:

Step 5: Rule out and treat potential causes of malnutrition (tick if ruled out):

Depressive mood Poor dexterity Food not tailored to likes and dislikes

Inadequate assistance Ill-fitting dentures New medication side effect

Sore/Infected mouth Social isolation Other:

Step 6: Food First Action already taken (if MUST score 1 or 2), please list:

Homemade milkshake Food fortification Fortified cup of soup/Fortified soup

Cream/High calorie shot Fortified mousse Nourishing snacks/snack box

Fruit juice/smoothie Fortified yoghurt/custard Nourishing drinks (ie Horlicks/hot chocolate)

Over the counter sip feeds (ie Complan, Nourishment, Meritene) Other (please specify):

IMPORTANT: Before referring please ensure you have trialled Food First for 1 month as per the MUST local action plan. If a resident has been referred to dietetics due to malnutrition, then continues to lose further weight greater than 5% or their MUST score increases, please contact us to inform us as this may change the priority we give to your resident.

Please also include the following:

Strict three day food and fluid record chart which includes information on food first advice implemented, portion sizes, amounts taken, any food refusal and alternatives offered.

6 months' weight history chart if available. If no weight history available, please state why eg patient recently admitted.

How to refer: Email to: ipswichdieteticteam@esneft.nhs.uk
Post to: Nutrition and Dietetic Services (N040), Ipswich Hospital, Heath Road, Ipswich, IP4 5PD