

Acute dietetic request for HEF community dietetic follow-up

Consent obtained to register with H2H		Yes	No
If no consent obtained, why not?			
Patient's GP surgery			
Patient name			
Address/sticky label			
Postcode			
Telephone number (home and/or mobile)			
DOB			
NHS number			
Discharge date		Discharge ward	
Person responsible for feeding and their relationship to the patient			
Reason for current admission			
Relevant medical history			
Relevant medications			
Objective for feeding			
Current requirements	kcal	g protein	mls fluid
Feeds and amounts (Include rate and timing of feeding)			

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Amount, rate and timing of water			
Number of days TTOs supplied, usually 14			
Pump type	Freego	Pump serial number	
Make of tube incl. french gauge		Date of placement	
Oral intake			
Dysphagia recommendations			
Current weight		Height	
Weight history		BMI	
Monitoring e.g. blood glucose levels, relevant bloods, pressure sores			
Any previous feed toleration issues?			
Social history e.g. living arrangements/carers involved			
Mobility level		Ability to speak	
First language			
Dispensing option	H2H	Local pharmacy	
Additional information			
Desired review			
Joint visit required, if yes, please state why			
Signed and printed		Date	

Important: Please email this form to community.dietetics@mkuh.nhs.uk on the day of discharge or the following day at the latest.