**Request for Dietitian Home Visit**

**(Only for adult patients that cannot attend outpatients, not for bariatric referrals)**

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| Why is patient unable to attend OPA? |  | | |
| Date of referral: |  | | |
| Is referral urgent or routine? |  | | |
| Patient’s GP surgery: |  | | |
| Patient MRN/NHS number: |  | | |
| Patient Forename: |  | Patient Surname: |  |
| Date of Birth: |  | Tel Number: |  |
| Can patient speak on phone? |  | | |
| Address: |  | | |
| Relevant Medical History: |  | | |
| Reason for referral: |  | | |
| Current height: |  | Current weight: |  |
| Weight history (last 6 months) |  | | |
| Current prescribed supplements – include dose/ date started |  | | |
| Has a high calorie diet/food fortification been started? |  | | |
| Your name, role and telephone number |  | | |

Once fully complete, email to [community.dietetics@mkuh.nhs.uk](mailto:community.dietetics@mkuh.nhs.uk)