The Ipswich Hospital NHS
NHS Trust

CARE HOME REFERRAL FORM

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

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: .....

Telephone No: .... Location/ address:.....

Signed: ..... Date: .....

Reason for referral: ☐ **Weight Loss** ☐ **Nutritional Supplements** ☐ **Soft/Puree diet**
☐ **Urgent** ☐ **Routine** ☐ **Special Diet** ☐ **Poor intake/appetite** ☐ **Other.....**

High Risk Factors:
- ☐ Swallowing difficulties
- ☐ Rapid weight loss (More than 10% in 3-6 months)
- ☐ Breathing difficulties i.e. COPD
- ☐ Therapeutic Diet i.e. Renal, diabetes
- ☐ Current increased requirements i.e. infection, pressure sores, poor wound healing
- ☐ Trialled 2 different types of over the counter sip feed and not tolerated / no improvement in food intake

Brief medical history: .....
.....
Current medication: .....
.....

MUST Screening Results

Step 1	Step 2	Step 3	Step 4
Current Weight: ..... kg **Height: ..... m** **BMI: .....kg/m²** **Score: .....**	**Weight loss** **past 3-6 months .....kg** **% Weight Loss: ....%.** **Score .....**	**Acute Disease Affect** **Score:.....**	**Overall MUST** **Score: .....**

Step 5: Food First Action already taken (if MUST score 1 or 2), please list:

☐ Homemade milkshake	☐ Food Fortification	☐ Other (please specify)
☐ Cream Shot	☐ Milk Jelly	☐ Nourishing Snacks/snack box
☐ Fruit Juice/Smoothie	☐ Fruit Fool	☐ Nourishing drinks i.e. Horlicks/hot chocolate

IMPORTANT
Before making this referral please check that you have followed the MUST Local Policy and Action Plan and have completed all sections of this referral form.

Please also include the following:
- ☐ **STRICT THREE DAY FOOD AND FLUID RECORD CHART which includes information on food first advice implemented**
- ☐ **WEIGHT HISTORY CHART. If no weight history available, please state why e.g. patient recently admitted**

Inappropriate and incomplete referrals will be returned to the referrer

HOW TO REFER:
POST to: Department of Nutrition and Dietetics, N040, The Ipswich Hospital NHS Trust, Heath Road, Ipswich, Suffolk, IP4 5PD