outstanding care
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NHS
Somerset
NHS Foundation Trust

Paediatric Dietetic Milk Free Self-Referral Form

Please complete all sections

Child's Name		DOB	
NHS Number (if known)			

Child's address And postcode	

Child's GP name and surgery:

GP Name:	GP surgery:

Referrers Details

Name:	Relationship to child:
Email address:	Telephone:

Having watched the milk free webinars, what additional information do you hope to achieve from a dietetic clinic/telephone appointment?

In particular, what have you struggled with? Please detail the reasons.

What is your main concern(s) about your child's eating or drinking whilst on a milk (and/or soya) free diet?

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Is your child struggling to grow or not maintaining their growth? Please give details of height and weight percentiles if available. This information is usually found in your child's red book.

PLEASE TURN OVER FOR ADDRESS TO SEND YOUR COMPLETED FORM

IMPORTANT: Please return your completed form, to one of the following addresses, as per the advice below:

If your child is under Consultant care at Musgrove Park Hospital or GP/Health visitor care please return to:

Somerset Community Dietitians
1st Floor
Bridgwater House
King Square
Bridgwater
Somerset
TA6 3AR
Email: DieteticsReferrals@somersetft.nhs.uk *

Please note that this is a correspondence address only. Please do not hand return self-referral forms to this address, as we cannot guarantee that it will safely reach us. We thank you for your understanding.

If your child is under consultant care at Yeovil District Hospital, please return to:

Paediatric Dietetic Department
Level 4
Yeovil District Hospital NHS Trust
Higher Kingston
BA21 4AY

*Please note that using public email services is not secure and Somerset NHS Foundation Trust cannot accept responsibility for any email correspondence until it reaches us. You may wish to consider sending your email encrypted. If you are in any doubt about sending your form by email, then you should post this to us at the relevant address above.

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