

Paediatric dietetic Milk free self-referral form (please complete all sections)

Child's Name DOB

Child's address
And postcode

Child's GP name and surgery:

GP:

GP surgery:

Your name

Relationship to child

Contact details: 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?

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.

Paediatric dietetic Milk free self-referral form (please complete all sections)

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

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