NHS Somerset NHS Foundation Trust

Community Dietetic Gastroenterology Service
Referral Form

PLEASE NOTE: We can only see patients with a **GP in Somerset**, suffering with IBS symptoms or patients diagnosed with gastrointestinal allergy. If you have **active** inflammatory bowel disease or have had a bowel resection and are suffering with non-IBS symptoms then please ask your GP to refer you to your gastroenterologist.

The service provides specialist advice to help people who suffer with intractable irritable bowel syndrome. This sheet should be completed if you are still suffering from significant symptoms two months after implementing the dietary advice recommended within the pack, or via the webinar (www.patientwebinars.co.uk). Please fill in the form and post it to:

Community Dietitians, 2nd Floor Mallard Court, Express Park, Bristol Road, Bridgwater TA6 4RN
If you have any questions or need help completing this form, please ring 01278 447407. We would welcome any feedback on your experience of accessing this service and using this form in order to improve our service. Please send any comments to the address above. Thank you.

Patient details

Name		Date of Birth	
Address		Email	
Mobile Number		Land Line Number	
GP Name & Address		Date Form Completed	

1. In one sentence, please state what you would like to achieve by seeing a gastroenterology dietitian

2. Height & Weight

Height		Present Weight		Weight 1 year ago	

3. Please state for how long you have suffered with your gut symptoms

4. How much do your symptoms affect your daily activity, e.g. going out to the shops, socialising, and ability to work? *Please tick appropriate*

Never	***Occasionally*** *(rarely affects daily activity)*	***Moderate*** *(affects several aspects of daily activity)*	***Severe*** *(affects all aspects of daily activity)*
☐	☐	☐	☐

5. Which of the following symptoms do you suffer from? *Please tick appropriate*

Condition	*Mild*	*Moderate*	*Severe*	*Condition*	*Mild*	*Moderate*	*Severe*
Bloating	☐	☐	☐	Headaches	☐	☐	☐
Wind	☐	☐	☐	Mouth ulcers	☐	☐	☐
Abdominal pain	☐	☐	☐	Mucus in stools	☐	☐	☐
Gurgling	☐	☐	☐	Gurgling	☐	☐	☐
Urgency	☐	☐	☐	Hair loss	☐	☐	☐
Diarrhoea	☐	☐	☐	Pustular very itchy skin rashes	☐	☐	☐
Constipation	☐	☐	☐	Dizziness/poor balance	☐	☐	☐
Nausea	☐	☐	☐	Infertility issues	☐	☐	☐
Reflux	☐	☐	☐	Irregular periods	☐	☐	☐
Autoimmune disease e.g.thyroid	☐	☐	☐	Overall symptoms	☐	☐	☐

6. Which symptom(s) MOST affects your quality of life?

7. What dietary changes have you already tried in order to help your gut symptoms?
Please tick appropriate

	Diet	
☐	Altering fibre intake	
☐	Increasing fluid intake	
☐	Reducing intake of processed foods	
☐	Reducing intake of caffeine drinks e.g. energy drinks, coffee, tea	
☐	Low lactose diet (using Lactofree or plant based dairy products)	
☐	Gluten free diet	
☐	Other – please state	

8. Do you have any of the following? *Please tick appropriate*

Blood in your stools	☐	Yes	☐	No
Unintended weight loss of more than 1 stone	☐	Yes	☐	No
Unexplained anaemia or low iron levels	☐	Yes	☐	No
Family history of ovarian or bowel cancer	☐	Yes	☐	No
Do your gut symptoms regularly wake you up at night	☐	Yes	☐	No

If you have ticked 'yes' to any of the questions in section 8 above, please ensure that you have discussed these symptoms with your GP before attending this clinic for dietary advice.

9. Have you seen a gastroenterologist in the last year?

☐	Yes	☐	No

10. Please tick if you have had any of the following gastroenterology investigations in the last year

☐	Colonoscopy	☐	Gastroscopy	☐	Abdominal ultrasound	☐	Sigmoidoscopy
☐	CT/Virtual Colonoscopy	☐	Capsule Endoscopy	☐	Other (please specify)		

11. Have you had any for the following tests in the last 12 months?

Blood test to rule out Coeliac Disease	☐	Yes	☐	No	**If NO, please request one from your GP surgery**
Faecal Calprotectin stool sample test	☐	Yes	☐	No	**If not then please DO NOT request this test – we can discuss whether this is relevant at your appointment**

12. Have you ever had a diagnosis of

Crohns Disease	☐	Yes	☐	No
Ulcerative Colitis	☐	Yes	☐	No
Bowel cancer	☐	Yes	☐	No
Coeliac Disease	☐	Yes	☐	No
Family history of Coeliac Disease	☐	Yes	☐	No

13. If you suffer with either of these conditions, are you currently receiving treatment for 'active' disease?

Crohns Disease	☐	Yes	☐	No
Ulcerative Colitis	☐	Yes	☐	No

14. Do you have a history of previous surgery?

☐	NO	☐	Yes	☐	If 'Yes', please specify	

15. Do you have any past medical history that we should be aware of?

Please specify	

16. Have you ever suffered with the following conditions as either a child or an adult?
Please tick appropriate

Condition	*Mild*	*Moderate*	*Severe*
Hay fever	☐	☐	☐
Asthma	☐	☐	☐
Eczema	☐	☐	☐
Food allergy (diagnosed by a medical professional)	☐	☐	☐
Milk allergy (diagnosed by a medical professional)	☐	☐	☐
Lactose intolerance (diagnosed by a medical professional)	☐	☐	☐
Any other allergies, e.g. animal, hair, house dust mite	☐	☐	☐

17. Please tick any webinars that you have attended on our NHS website www.patientwebinars.co.uk.

☐	IBS First Line Advice	☐	Low FODMAP Diet	Other (please state)	

Thank you for completing this access form

What happens next?

Once you have completed this form please post it to the address at the top of this self-referral form so that we can offer an appointment if appropriate.

***Email to:** dieteticsreferrals@somersetft.nhs.uk ** 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. We will send you acknowledgement to confirm receipt of your email. 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 address at the top of this self-referral form.*

If you do not send this form back, we will assume you do not need help with your diet at this time, therefore no further action will be taken.

If you have any questions or need help completing this form, please ring 01278 447407. We would welcome any feedback on your experience of accessing this service and using this form in order to improve our service. Please send any comments to the address above. Thank you.