

Paediatric dietetic 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

Your contact details: email address: Mobile:

Please give details of your child's height and weight. The measurements need to be within the last 2 month for an accurate assessment. **Your child's referral will not be accepted without a recent weight and height.**

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

What dietary advice have you received in the past and how has this made a difference?

In particular, what does your child struggle with? Please detail the reasons.

What are your main concerns about your child's eating or drinking?

Does your child miss out foods from any of the main food groups? - fruit and vegetables, carbohydrates (eg bread

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and pasta), protein (dairy, meat, fish, soya)

How does your child respond to family meal times? Please give examples e.g. do they sit at the table, on the sofa, can the tolerate being in the same room as everyone else at mealtimes

How does your child feel about touching food / drink or having a messy face? Please give examples

**Please also complete the separate FOOD DIARY and email/send the food diary along with this form.
Referrals will not be accepted without a weight, height and completed food diary**

IMPORTANT: Please return your completed form, to the following address:

Somerset Community Dietitians
1st Floor Bridgwater House
King Square
Bridgwater
TA6 3AR

Or via 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. 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 above.