



**Cardiff & Vale University Health Board  
DEPARTMENT OF NUTRITION & DIETETICS**

**REFERRAL/ REQUEST FOR HELP FROM THE COMMUNITY  
DIETETIC SERVICE**

NHS Number ..... (if known)  
 Name: ..... Title: ..... DOB: ..... Gender: .....  
 Address: .....  
 Post Code: ..... Tel No: .....

Who has requested this help/support:  Myself/patient  
 Carer  
 GP/PN  
 Consultant  
 Other.....

GP name: .....  
 Address .....  
 ..... Tel No.....

What would you like the Dietitian to help with?  
 Prediabetes  Diabetes  Weight management  
 Other dietary advice:.....

If you/patient have diabetes when was it diagnosed?: (tick relevant box):  
 Does not apply  Not known  
 Less than 1 year  1-5 years ago  6-10 years ago  More than 10 years  
 Are you taking insulin? YES / NO Are you taking other diabetes medication? YES / NO

Past Medical history:

Weight If known	.....St .....Kg	Height If known	.....Ft .....m	BMI (Health staff to calculate)	
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Referral form obtained from:  Doctor  Nurse  Physiotherapist  Internet  Other

Patient Signature: .....

Admin name if completed via telephone.....

For Dietetic use only: Date received: ..... Staff initials:..... Priority: urgent / routine

*Clinical triage:*  
 Prediabetes  X-PERT / DAS  X-PERT Insulin  EFL  WM clinic  general clinic

Please send completed referral to:  
 Community Nutrition & Dietetics,  
 Riverside Health Centre, Wellington Street, Cardiff, CF11 9SH  
 OR email: [Dietitians.CAV@Wales.nhs.uk](mailto:Dietitians.CAV@Wales.nhs.uk)  
 Tel: 02920 907681