

**Cardiff & Vale NHS Trust  
DEPARTMENT OF NUTRITION & DIETETICS**

Please send completed referral to Riverside Health Centre, Wellington Street, Cardiff, CF11 9SH.  
Telephone Number: 02920 668089, Fax Number 02920 907672 Email: Dietician.Reception.UHW@wales.nhs.uk  
Referral will also be accepted via letter. Please provide as much relevant data as possible.

**This will assist in swift processing of the request.**

<b><u>Patient Details</u></b>		NHS Number	<b>(MUST BE COMPLETED)</b>	
Name:.....	Title:.....	D.O.B.: .....	Gender: .....	
Address: .....				
.....				
Post Code: .....		Tel No:.....		
Has this patient been referred before: Yes/ no If yes, when?..				
Is Home Visit required? Yes/ No <b><i>If Home Visit required please fill in details over page</i></b>				
Is an Interpreter required? Yes/ No				
If yes, please specify language spoken & ethnic origin .....				
<b>Name of Referrer: (please print)</b> .....				
Signed.....		Date: .....		
Designation: .....				
Address: .....		Tel. No.: .....		
Client's G.P.: <i>Please advise G.P. of any referrals made</i>				
Address: (if different from above).				
Consultant & Speciality (if appropriate): .....				
<b><u>Reason for Referral:</u></b> (please give as much information as possible):.....				
.....				
<b><u>Diagnosis:</u></b>				
<b><u>Relevant Medical History</u></b>				
.....				
<b><u>Relevant Medication</u></b>				
.....				
<b><u>Relevant Blood Results:</u></b>				
<b>HbA1c</b>		<b>Total Cholesterol</b>		<b>Any other relevant blood results related to reason for referral</b>
<b>Fasting glucose</b>		<b>LDL</b>		
		<b>HDL</b>		
		<b>Triglycerides</b>		
<b><u>Relevant Measurements</u></b>				
<b>Weight</b>		<b>Height</b>		<b>BMI</b>
<b><u>Relevant Social / Family History</u></b>				
.....				
For Dietetic use only: Date received: .....			<b>Caseholder</b> Which clinic .....	
			or Home Visit (circle as appropriate)	
			Presentation Priority (circle as appropriate) Urgent / Routine	

# HOME VISIT CHECK LIST

Has the clients home been risk assessed?

Yes

No

Any information relevant for visiting dietitian

.....  
.....

Does the Client live alone?

Yes

No

If no, who is living in the house i.e. wife / husband / son's / daughter's / carers.

.....  
.....

Would the Dietitian require company to visit the residence?

Yes

No

**Any other relevant information e.g. potentially dangerous pet, poor access. Infectious diseases e.g. Mersa / hygiene precautions required.**

For any further information please contact Community Nutrition and Dietetic Department at Riverside Health Centre on Tel: 20668089 Fax: 20907672