

ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REFERRAL TO NUTRITION AND DIETETIC SERVICES

Patient Details

Name: _____

Hospital/NHS Number: _____

DOB: _____

Address / Ward _____

Telephone Number: _____

MUST score if referring for nutrition support: _____

Weight (kg): _____ BMI (kg/m²): _____

Diagnosis: _____

Medical History: _____

Relevant Medications: _____

Reason for Referral: _____

Is an interpreter required?

Yes No Language spoken? _____

Home visit necessary Yes No

Name of referrer: _____

Contact details including base _____

Once complete post to Nutrition & Dietetic Department, New Cross Hospital.
Wolverhampton WV10 0QP of fax 01902 695630