PAEDIATRIC REFERRAL TO

Food Allergy Nottingham Service

www.foodallergynottingham.co.uk

If you are being asked to refer this child privately to FANS for dietetic support, following completion of an online allergy assessment which suggests that the child may be suffering from a food allergy, please review the automated assessment report with the family, to ensure that the information provided is a true representation of the child's symptoms, and that there are no other medical conditions that the service should be aware of. Only referrals received from GP's or paediatricians will be accepted.

Please complete this form online at www.foodallergynottingham.co.uk or by hand using BLOCK CAPITALS and in BLACK INK and post to Dr Lisa Waddell, Specialist Paediatric Allergy Dietitian, Food Allergy Nottingham Service, 54 Harrow Road, West Bridgford, Nottingham, NG2 7DU or Fax to 0115 878 9119

A standard written referral letter will also be accepted as long as it contains the details requested in this referral form.

DETAILS OF CHILD BEING REFERRED:

FANS REGISTRATION NUMBER*…… NHS NUMBER……
SURNAME(S)……FORENAME(S)……..
DATE OF BIRTH…… MALE/FEMALE
CURRENT ADDRESS……
…….. POST CODE……
ETHNIC GROUP…….. RELIGION……
NAME OF PARENTS/ CARERS ……
CONTACT TELEPHONE NUMBER(S) ……..

*** FANS registration number is obtained following completion of the online allergy assessment by the family**

DETAILS OF GP:

GP NAME……
SURGERY & ADDRESS ……
……POST CODE ……..
TEL NO…….. Is the GP aware of the referral ? YES/NO

REFERRER INFORMATION:

REFERRER'S NAME …….. DESIGNATION……..
REFERRING SERVICE/AGENCY……
ADDRESS……
…… POST CODE ……..
TEL/EXT…… MOBILE……
REFERRER'S SIGNATURE……DATE OF REFERRAL……

TYPE OF CONSULTATION SUITABLE FOR: CLINIC ☐ TELEPHONE ☐ SKYPE ☐

COMMUNICATION NEEDS

WHAT IS THE PATIENT'S FIRST LANGUAGE? ……

DO THEY HAVE SPECIAL COMMUNICATION NEEDS? ……

DOES THE PATIENT NEED AN INTERPRETER: YES/ NO If yes, what language? ……

PTO

Patient's Name…….. **DOB:** …… **NHS No:** ……

REASONS FOR REFERRAL (Include symptoms/ relevant details in accordance with the NICE food allergy guidelines or the Nottinghamshire Area Prescribing Committee infant feeding allergy guideline: www.nottspct.nhs.uk/my-pct/napc/469.html), family's concerns and anxieties

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Growth (please attach copy of the growth chart if concerns over growth) or provide latest measurements and details of growth trends.

Date…… Age…… Weight……kg, Weight centile……..Height……cm , Height centile……..
OHC (<2yrs)……cm, OHC centile……BMI(> 2yrs)……., BMI centile ……..

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Medications – current and previous and please indicate whether responsive to them or not

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Test results

Allergy tests (specific values or copy of test results): Total IgE and specific IgE/ SPT to:

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Faltering growth/ anaemia screen: serum ferritin, Hb, TTG……

Stool samples e.g reducing sugars, pH, microbial……

Bioimpedence/ pH studies/ H breath test ……

Other……

Relevant social information……

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Other professionals involved: (complete if appropriate)

SERVICE	NAME	BASE	CONTACT TEL/EXT/ MOBILE

Summary of first line management given, including written information provided

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