

REFERRAL TO DIETITIAN

Department of Nutrition & Dietetics
 Prince Philip Hospital
 Llanelli, SA14 8QF

or Department of Nutrition & Dietetics
 West Wales General Hospital
 Carmarthen, SA31 2AF

GP:

Patient Name:

Address:

DOB: Tel. No.:

Referring GP/Consultant

Reason For Referral

Relevant Results : Date:

Weight		Cholesterol		Hb		Fasting Glucose		Urea	
Height		HDL		Total Protein		Random Glucose		Creatinine	
BMI		LDL		Albumin		HbA1c		Na	
Centile		Triglycerides		Uric Acid				K	
		Total Cholesterol /HDL Ratio		Other					

Current Medication:

Medical History:

Note: Please make sure all the relevant information is enclosed. If we feel we do not have enough information we will return the referral to you which may result in a delay for the patient.