

# Malnutrition Risk - referral form

If you have identified a client as being at high risk of malnutrition (Malnutrition Screening Tool score of 3 or higher) fill in the form on the next page and fax to the Nutrition and Dietetics Department at your nearest major hospital.

Clinical dietitians will then be able to support your client with individualised advice and support and link them with subsidised nutrition supplements if needed.

If you have any questions about this referral form or how to link your clients with specialist nutrition support, contact the major hospital in your area. Phone numbers for Nutrition and Dietetics departments can be found as follows

## Who accepts community referrals?

### **Nutrition Department, Royal Hobart Hospital**

Phone: (03) 6166 8145

Fax: (03) 61730493

### **Nutrition Department, Launceston General Hospital**

Phone: (03) 6777 6477

Fax: (03) 6348 7478

### **Nutrition Department, North West Regional Hospital**

Phone: (03) 6430 6597

Fax: (03) 6430 6603

### **Nutrition Department, Mersey Community Hospital**

Phone: (03) 6426 5586

Fax: (03) 6441 5922

# Referral to an Accredited Practising Dietitian- High Malnutrition Risk

**Client name:**

**DOB:**

**Address:**

**Phone:**

**Family member/carer contact:**

**Has the client/carer given consent for referral to the Accredited Practising Dietitian?**

YES / NO

**Is the client able to attend a face to face appointment?**

YES / NO

<b>MST score:</b>	<b>Estimated weightloss:</b>	<b>over</b>	<b>weeks/months</b>
<b>Date:</b>	<b>Appetite/other information:</b>		

Nutrition risks identified (list a minimum of three):

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Strategies already implemented by the service provider (if applicable):

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Other history (other conditions/relevant medical, swallowing difficulties etc.)

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Contact person, role and phone number of referring service:

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GP name and address:

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**Has the client/carer given consent regarding communication with their GP?**

YES/NO