e.g., <b>NCL Nutrition Transfer of Care</b> For use to transfer a patient between dietetic services	
We are kindly requesting follow up in (name of receiving service) for this patient.	
CONSENT	
Has the patient consented to this referral? Yes \( \subseteq \text{No} \subseteq \text	
REASON FOR REFERRAL	
Reason for referral code: e.g., Referral to community services 046 Reason for referral: Reason for referral	
PATIENT DETAILS	
Title: Patient's title Patient First name: Patient's forename Patient Surname: Patient's surname Telephone number: Patient's telephone number (preferred contact and NOK are usually available also)	NHS Number: Patient's NHS number Date of Birth: Patient's DOB Address: Patient's address Gender: Patient's gender
GP Practice: Name of practice GP Address: Full address GP ODS: ODS code if available in your EPR. N.B. ODS code for a person not registered to a GP is V81997	
Interpreter required? Yes □ No □ Preferred language: Free text only if not in EPR	
Is the patient homeless? Yes $\square$ No $\square$ If yes, email add	ress: Patient's email address
Educational Establishment: Name and address where available	le in EPR, or by free text. Optional, for paediatrics only.
Is the patient currently subject to a DOLS authorisation Yes	] No □
Power of attorney for health and welfare? import where spec	cified. Set to state no qualifying information if unavailable.
Advance Care Plan Details: import where specified. Set to state no qualifying information if unavailable.	
Accessible Information Standard: coded value for reasonable adjustment and any free text details. Set to state no qualifying information if unavailable.	
CLINICAL INFORMATION	
PMHx/Problems/ Diagnosis list (N.B. where there is a request for ONS, an appropriate malnutrition related diagnosis should be coded on the patient record as a requirement).  Allergies	
Nutrition Screening Tool Score: full data set and final score	
or	

Height: Patient's height Weight: Patient's weight BMI: Patient's BMI Centile: Patient's growth centile
% Weight change: % weight change (time) or centile change (time) (for paediatric patients only)
Nutrition and Dietetic Diagnosis:
SNOMED Terminology List: Problem.
(OPTIONAL) SNOMED Terminology List: Aetiology.
(OPTIONAL) SNOMED Terminology List: Symptom.
Food Based Strategy Advised: Yes □ No □
Other nutritional advice: Any provided to the patient by the referring team. Imports from EPR where possible.
Oral Nutrition Supplements requested from GP? Yes $\square$ (attach request to GP) No $\square$
Oral Nutrition Supplements requested from GP? Yes □ (attach request to GP) No □  GOALS
GOALS
GOALS  Defined goals/outcomes; patient centred treatment goal/evidence of shared decision making where possible.
GOALS  Defined goals/outcomes; patient centred treatment goal/evidence of shared decision making where possible.  REFERRER DETAILS
GOALS  Defined goals/outcomes; patient centred treatment goal/evidence of shared decision making where possible.  REFERRER DETAILS  Name (first name, surname): Lois Lane Profession (specify job title): Specialist Renal Dietitian Grade: Band 7
GOALS  Defined goals/outcomes; patient centred treatment goal/evidence of shared decision making where possible.  REFERRER DETAILS  Name (first name, surname): Lois Lane Profession (specify job title): Specialist Renal Dietitian

N.B. this is an example of how to integrate a digital document, and your local design decisions may change its appearance.

## **Supporting Notes:**

Green text denotes data typically available within an EPR, either as part of the PDS (Personal Demographics Service), PAS (Patient Administration System) or in the clinical module.

Purple text represents data that is not readily available as a piece of core information from the patient record. It is still possible to automate this into patient records or build capability to make these fields selectable from a set of pre-agreed fields e.g., ONS from formulary list, set dietetic outcomes etc.