

Nutrition Support Prescription Request Form

(Please scan and securely email or post completed form to GP surgery)

To:

Regarding: Name:.....

NHS No:

D.O.B:

Address:

.....

Diagnosis:

Initial request for GP to start prescription:

Height (m)	Current weight (kg)	Usual / Previous weight (kg)	BMI (kg/m ²)	% weight loss	MUST score and level of risk (low, medium, high)
	Date:	Date:			

Rational for initiating oral nutritional supplements:.....
.....

I have assessed the above named patient and I would like to request a starter pack prescription of the following product(s) for him/her:

Pro-Cal™ *powder* starter pack (8 x 15g sachets)

Pro-Cal *shot*™ starter pack (3 x 120ml bottles)

I will review the patient in days / weeks / months (delete as appropriate) to establish their preference of oral nutritional supplement and contact you further with regards to this.

Please contact me on should you have any queries.

Dietitian's name and job title:

Address of Dietetic Department / Hospital Trust:

Dietitians signature: Date:

Pro-Cal *powder* and Pro-Cal *shot* are Foods for Special Medical Purposes and must be used under medical supervision. Suitable from 3 years of age onwards. Pro-Cal *powder* contains **Milk** (milk protein). Pro-Cal *shot* contains **Milk** (milk protein) and **Soya** (soya lecithin).