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|  **Ketogenic Dietary Therapy Referral Form** Please email this completed form and the latest clinic letter to BRHCketodietitians@uhbw.nhs.uk |
| **To be considered for ketogenic dietary therapy, the patient must meet the following referral criteria:*** The patient has tried 2 AEDs or has one of the following conditions: Glut-1 deficiency syndrome, Pyruvate Dehydrogenase deficiency, Lennox-Gestaut syndrome, Infantile spasms syndrome or epilepsy with myoclonic-atonic seizures (Doose syndrome).
* The referral has been approved by a named BRHC Neurology Consultant.
* The patient is under 18 years old.
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| **Please complete the following to enable us to prioritise this referral:**1. Diagnosis:
2. Number of current anti-seizure medications:
3. Prior number of anti-seizure medications tried:
4. Previously tried ketogenic dietary therapy: Y/N
5. Previous number of epilepsy related PICU admissions:
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| **K. Vita**Can K. vita can be considered as an alternative option if fails to establish KDT: Y/N |
| **Patient Information** |
| **Patient Name:** | **Name of local consultant:** |
| **Tel:** | **Name of referrer:** |
| **D.O.B.:** | **Job role of referrer:** Choose an item. |
| **NHS No:** | **BRHC Neurology Consultant:** |
| **Language spoken if not English:**  | **Date of referral:** |
| **Any other information useful for this referral:** |