

<b>PRIOR APPROVAL</b>
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### Funding Application for GLUTEN FREE FOODS

<b>Patient NHS No</b>		<b>Trust:</b>		<b>GP Name:</b>	
<b>Patient Hospital No.</b>		<b>Name of Dietitian /GP Making Request:</b>		<b>GP code / Practice code:</b>	
<b>Patient initials &amp; DoB:</b>		<b>Dietitian / GP Contact Details:</b>		<b>GP Post code:</b>	
1. Please explain why this patient is a dependant patient that could be at risk of dietary neglect.				<p>Only fully completed forms will be accepted for consideration by the CCGs.</p> <p><b>Please submit the completed proforma by email to NHS Bedfordshire Clinical Commissioning Group (BCCG):</b>  <a href="mailto:BEDCCG.bedsmeds@nhs.net">BEDCCG.bedsmeds@nhs.net</a></p> <p>The NHS Bedfordshire CCG commissioning position on Gluten Free Foods can be accessed here:  <a href="https://medicines.blmkccg.nhs.uk/">https://medicines.blmkccg.nhs.uk/</a></p>	
2. Please provide the patient's maximum units of gluten-free food allowable within BCCG guidelines (based on Coeliac UK guidance).					
3. Please confirm that the (please tick): <ul style="list-style-type: none"> <li>• Patient will have an annual GP review and as part of that review an assessment will be made on whether there has been a change in circumstances which mean that the patient is no longer a dependent at risk of dietary neglect.</li> <li>• CCG will be informed if the patient is no longer considered a dependent at risk of dietary neglect and so no longer requires gluten-free food at NHS expense.</li> </ul>			<input type="checkbox"/> Yes		
Dietitian / GP contact e-mail in case of CCG query (nhs.net address if available):					
Dietitian / GP signature (electronic signature acceptable):					
Date of application:					

