

PRIOR APPROVAL

Funding Application for GLUTEN FREE FOODS

Patient NHS No		Trust:		GP Name:	
Patient Hospital No.		Name of Dietitian /GP Making Request:		GP code / Practice code:	
Patient initials & DoB:		Dietitian / GP Contact Details:		GP Post code:	
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>Please submit the completed proforma by email to NHS Bedfordshire Clinical Commissioning Group (BCCG): BEDCCG.bedsmeds@nhs.net</p> <p>The NHS Bedfordshire CCG commissioning position on Gluten Free Foods can be accessed here: https://medicines.blmkccg.nhs.uk/</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"> • 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. • 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. 			<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:					

