

NEPEAN FAMILY METABOLIC HEALTH SERVICE (NFMHS)

KIDS FIT 4 FUTURE CLINIC REFERRAL – AGES 2-15 YEARS

Please note that if you have a patient aged 16 years or above please refer them to the Adults Healthy Weight Clinic. If you believe that your patient needs an urgent review, then contact the service by telephone directly.

In addition to this referral, please provide:

- ✓ **an up-to-date medication list**
- ✓ **a medical summary**
- ✓ **any other relevant documents**

OTHER FAMILY MEMBER(S) REFERRED OR KNOWN TO SERVICE <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dear Associate Professor Gary Leong,

Thank you for seeing _____, of _____

_____ (address of the patient), date of birth ___/___/___,

Name of primary contact(s) _____ relationship(s) to patient _____

contact phone number(s) _____

Current measurements: Date of measure: _____ Weight: _____ kg Height: _____ cm

Calculated BMI: _____ kg/m² Waist Circumference: _____ cm BP: _____ mmHg

The patient is of Aboriginal, Torres Strait Islander, Asian or Polynesian background (please circle): **YES / NO**

The patient requires an interpreter: **YES** (specify language: _____) / **NO**

The patient has a parent/carer who can read AND write: **YES / NO**

Parent/Carer(s) at home: Mother Father Other (details: _____)

Mother's name _____ AGE _____ estimated BMI (kg/m²) < 30 30 to < 40 ≥ 40

Father's name _____ AGE _____ estimated BMI (kg/m²) < 30 30 to < 40 ≥ 40

The patient and their family is *willing and capable* of engaging with an obesity service and understands that this usually means *multiple appointments with many different providers and includes group sessions* **YES / NO**

This patient may have problems attending groups and/or appointments at Nepean Hospital due to certain behaviours (e.g. head banging, shouting, hitting etc.) **YES / NO**

Have FACS been involved with this patient **YES / NO** Have FACS requested this referral? **YES / NO / NA**

Have there been any problems in the family related to (tick all that apply):

- Drug Addiction Domestic Violence Neglect Physical abuse Sexual abuse Mental Illness

If you have indicated yes/ticked any of the above, please provide details here (attach any relevant documents):

Name of Doctor: _____ Signature: _____

Practice Address _____

Practice Phone Number: _____ Practice Fax Number: _____ Date: ___/___/___

Please see next page for referral criteria for your completion.

Nepean Family Metabolic Health Service, Level 5 South Block, Nepean Hospital

PO Box 63 Penrith, NSW 2751

Ph (02) 4734 4533 Fax (02) 4734 1920

NBMLHD-NepeanFamilyMetabolicHealthService@health.nsw.gov.au

For appointments please fax or email this referral to the above contacts

Have you referred the patient to Go4Fun® if they are aged 7-13 years? YES / NO

<https://go4fun.com.au/register>

Have you referred the parents to GetHealthy®? YES / NO

<https://www.gethealthynsw.com.au/get-started/>

For more information, please visit the healthykids for professionals website:

<https://pro.healthykids.nsw.gov.au/resources/>

Consider completing online Weight4Kids modules:

https://weight4kids.learnupon.com/users/sign_in?next=%2Fdashboard

Please indicate which service criterion/criteria your patient satisfies and provide supporting evidence for this with your referral (e.g. blood tests, liver biopsy reports, sleep study reports, specialist letters) if relevant. Supporting evidence is mandatory for some categories that are marked with a * and, if not provided at the time of referral, will delay the acceptance of your patient into the service. Attending the NFMHS requires a time commitment and motivation to make changes. Patients and their parents/carers need to be well enough to attend multiple appointments, including in groups. **The patient will be assessed by our triage staff to determine suitability and you will be notified if their referral cannot be accepted.**

<p>Age ≥ 2 and < 16 years and</p>	<p>BMI > 99th Centile by RCPH risk calculator (link below)</p> <p>https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf <input type="checkbox"/></p>
	<p>Well above a healthy weight by NSW health risk calculator (BMI > 95th Centile) and an <i>obesity related co-morbidity or risk factor</i>:</p> <p>https://pro.healthykids.nsw.gov.au/calculator/</p>
	<p style="text-align: right;">Type 2 diabetes/prediabetes/severe insulin resistance* <input type="checkbox"/></p>
	<p style="text-align: right;">Family history of early onset type 2 diabetes or ischaemic heart disease (first degree relative at < 50 years of age or > 3 2nd degree relatives < 50 years of age) <input type="checkbox"/></p>
	<p style="text-align: right;">Hypertension <input type="checkbox"/></p>
	<p style="text-align: right;">Dyslipidaemia* <input type="checkbox"/></p>
	<p style="text-align: right;">Sleep disordered breathing (e.g. Obstructive sleep apnoea, obesity hypoventilation)* <input type="checkbox"/></p>
	<p style="text-align: right;">NAFLD/NASH (abnormal liver enzymes/steatosis on ultrasound/biopsy)* <input type="checkbox"/></p>
	<p style="text-align: right;">Benign intracranial hypertension* <input type="checkbox"/></p>
	<p style="text-align: right;">PCOS with established oligomenorrhoea/biochemical hyperandrogenism* <input type="checkbox"/></p>
<p style="text-align: right;">Orthopaedic issue (details: _____) Severe pain? Y / N)* <input type="checkbox"/></p>	
<p style="text-align: right;">Behavioural disorder (circle all that apply: Autism/ODD/ADHD/other)* <input type="checkbox"/></p>	
<p style="text-align: right;">Mental health (circle all that apply: Anxiety/Depression/Schizophrenia/other)* <input type="checkbox"/></p>	
<p style="text-align: right;">Eating disorder (circle all that apply: bulimia/BED/EDNOS/past anorexia/other)* <input type="checkbox"/></p>	
<p style="text-align: right;">Frequent presentations to hospital in last 12 months with obesity related condition (cause/details: _____)* <input type="checkbox"/></p>	
<p style="text-align: right;">Other (issue/details: _____)* <input type="checkbox"/></p>	