

REFERRAL FORM

Fax to: 1300 325 301 or

email to: contact@go4fun.com.au

Go4Fun is an evidence based, FREE healthy lifestyle program for **children aged 7-13 years who are above a healthy weight**, and their families. Programs are locally available and are delivered by trained health and community professionals.

Children who participate in Go4Fun achieve clinically significant improvements in physical activity and nutrition outcomes.

Referral forms are available in MedicalDirector, Best Practice, Communicare & Titanium

PATIENT DETA	ILS				
Child's name*:			Date of	Birth*:	Sex*:
Weight*:	Height*:		Parent/Carer name*:		
Phone Number*:		Email:			Postcode*:
COMMENTS/RI	ELEVANT HIS	TORY/CONDIT	IONS		
HEALTH PROFI	ESSIONAL DI	ETAILS			
Referral date:					
Referring health pro	ofessional's nar	me*:			
Occupation/positio	n title:				
Name of service/pra	actice/facility*	:			
Phone number:					
Email*:					
* Notes mandatory fie	ld				
All referral and part	icipant outcon	nes will be sent to	o the above email add	ress. If you re	quire updates via post or fax,
please provide deta	ils below.				
Please tick if you	ı do not wish t	o receive referral	and participation out	comes	
		FOR NSW HE	ALTH FACILITY ST	TAFF ONLY	
Please tick the refe	rring setting				
•	Outpatient	Community			
		ork staff ONLY. Pl	lease tick the referring	g campus	
Westmead	Randwick				
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Referrals received will be followed up within 5 business days.

Disclaimer: By completing this form, the participant is consenting to this information being sent to the Go4Fun team, and consents to be contacted.

For more information visit www.go4fun.com.au, email contact@go4fun.com.au or phone 1800 780 900



