The Charles Perkins Centre

Paediatric Service

at Metabolism & Obesity Services

Health
NSW GOVERNMENT
Sydney Local Health District

Charles Perkins Centre RPA Clinic
Level 1, The Hub, Charles Perkins Centre, John Hopkins Drive
University of Sydney NSW 2006

Belmore Early Childcare Health Centre
38 Redman Parade, Belmore
Ph: 8627 0403, Fax: 8627 0141

A dietetic weight management service for children with overweight or obesity (above the 85th centile) aged 6-16 years old and their families

Please fax to: 8627 0141 or email: kyra.sim@health.nsw.gov.au

PATIENT DETAILS

Surname: First name:

Date of birth: Sex: ☐ Male ☐ Female ☐ Other

PARENT / CARER CONTACT DETAILS

Name:

Home phone: Mobile phone:

Home address:

Interpreter required: ☐ Yes ☐ No If yes, specify language:

Internet access: ☐ Yes ☐ No

PATIENT AGREEMENT

I, …… (parent/guardian name) have discussed the referral to the Healthy Families Service with our health professional and consent to participate. I understand that participation in the clinic requires regular attendance and monitoring of progress and that measurements and progress will be recorded and used for ongoing evaluation of the clinic program.

…… (parent /guardian signature)

CLINICAL DETAILS

Weight: Height:

BMI: BMI centile:

Investigations if already performed; please attach any relevant pathology details
Not needed routinely, please attach results if applicable.
(Consider fasting BSL, insulin, TG, cholesterol +/- vit D, iron studies, LFTs.)

Other significant medical or social history:

☐ Asthma ☐ Glucose dysregulation ☐ Insulin resistance ☐ Dyslipidaemia ☐ HTN

☐ Neurodevelopmental disorder (e.g. ADHD, ASD), please specify ☐ Other, please specify

REFERRING DOCTOR/ HEALTH PROFESSIONAL DETAILS

Name:

Clinical role: ☐ Paediatrician ☐ GP ☐ Allied health ☐ Nurse ☐ Other, please specify

Provider number: (if applicable) Email:

Address:

Phone: Fax:

Signature: Date:

Paediatrician/GP details: (if applicable)