GROWING HEALTHY KIDS SERVICE

GROWING HEALTHY Kids IN SOUTH WEST SYDNEY

NSW GOVERNMENT Health South Western Sydney Local Health District

Health care practitioner referral form for children 2 - 17 years old who are above a healthy weight

Return the completed form to - Email: **SWSLHD-GHKWeightManagementService@health.nsw.gov.au** | Fax: (02) 4621 8770 | Phone: (02) 4633 0251

Client Details

First Name: Surname:

Gender: ☐ Male ☐ Female Cultural background: Date of Birth:

Parent / Carer Contact Details

First Name: Surname:

Address:

Phone Number: Email: Relationship to Client:

Is an interpreter required? ☐ Yes ☐ No Specify language:

Clinical Details

Patient's Current Body Measurements

Weight (kg): Height (cm): BMI (percentile):

Does the client have one or more known co-morbidities (Please identify below): ☐ Yes ☐ No ☐ Unsure

Metabolic

- ☐ Acanthosis nigricans
- ☐ Insulin resistance (*fasting insulin >10mIU/L OR > 115pmol/L)
- ☐ Type 2 Diabetes (Hba1c>6%)
- ☐ High BP (>95%)
- ☐ Dyslipidemia
- ☐ Liver dysfunction (raised ALT)
- ☐ Non-alcoholic fatty liver disease (on imaging)

Mechanical

Obstructive Sleep Apnea (OSA)
☐ Mild OSA ☐ OSA requiring respiratory support

Musculoskeletal pain:
☐ Not limiting ADLs ☐ Limiting ADLs ☐ Limiting mobility

Dyspnoea:
☐ Not limiting ADLs ☐ Limiting ADLs ☐ When sitting or lying

Other:
☐ Gastro-oesophageal reflux disease (GORD) symptoms ☐ Peripheral Oedema

Mental Health

- ☐ Depression
- ☐ Anxiety
- ☐ Body image pre-occupation
- ☐ Binge eating disorder
- ☐ Other _____

Developmental disability

- ☐ ASD ☐ ADHD
- ☐ ODD ☐ ID
- ☐ GDD
- ☐ Other _____

Social

- ☐ School bullying
- ☐ School refusal
- ☐ Carer medical/physical, mental health
- ☐ Carer substance abuse
- ☐ Child protection

Other medical concerns:

☐ Down Syndrome ☐ Prader Willi ☐ Turner Syndrome ☐ Achondroplasia ☐ Other:

Does the child have a paediatrician? ☐ Yes ☐ No Details:

Referrer Details

☐ General Practitioner ☐ Paediatrician ☐ Nursing ☐ Other: ☐ Allied Health (Specify:)

First Name: Surname:

Address:

Phone Number: Email:

Date: