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)	**Mental Health**	☐ Depression ☐ Anxiety ☐ Body image pre-occupation ☐ Binge eating disorder ☐ Other ______
		Developmental disability	☐ ASD ☐ ADHD ☐ ODD ☐ ID ☐ GDD ☐ Other ______
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	**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: