



If you believe that your patient needs an urgent review, please contact the service directly.



## **NEPEAN FAMILY OBESITY SERVICE**

## KIDS FIT 4 FUTURE CLINIC REFERRAL

Dear Associate Professor Gary Leong
Thank you for seeing my patient, Name
Date of Birth/, contact phone number(s),,
AddressPost Code
Their current measurements include:
Date of measurement:/ Height:cm Weight: kg
Calculated BMI:kg/m² Waist Circumference:cm BP
Ethnic background - Caucasian - ATSIC - Maori - Polynesian background
□ Asian □ European □ Other OR please specify
My patient requires an interpreter: YES (specify language: ) or NO
Parent's details Married - Divorced - Single Parent Dother Guardian
Mother's name: AGEHeightcm Weightkg
Father's nameAGEHeightcm Weightkg
□ Family History of Type 2 Diabetes Mellitus if YES, whoor NO
□ Early Heart Disease (Myocardial Infarct/CVA) < 50 years: if YES, whoor NO
□ Mental Illness YES/NO if YES □ Severe obesity requiring treatment YES or NO
□ FACS involvement YES/NO if Yes please specify
□ Drug Addiction □ Domestic Violence □ Neglect □ Physical abuse □ Sexual abuse
If patient have the following conditions/signs (tick box provided*):
□ Acanthosis Nigracans □ Obstructive Sleep Apnoea □ Behavioural disorders:
□ Autism □ ADHD □ODD □ Mental illness: □Anxiety □Depression
□ Non-alcoholic fatty liver disease (abnormal LFTs) □ Hypothyroidism
$\ \ \square  PCOS  with  established  oligomenorrhoea,  hirsutism,  hyperandrogenism  \square  Orthopaedic  problems$
Please attach any other relevant investigation and other relevant clinical details to this referral
E.g. other medical illnesses, food allergies, past or current medications, and birth pregnancy details gestation, birth weight and neonatal/infant problems.
Name of Referring DoctorSignature:
Practice AddressPost Code
Practice Contact Details: (P)(FAX)Date://

Nepean Family Obesity Service, Level 5 South Block, Nepean Hospital PO Box 63 Penrith, NSW 2751 Ph (02) 4734 4533 Fax (02) 4734 1920 NBMLHD-NepeanFamilyObesityService@health.nsw.gov.au

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







### NEPEAN FAMILY OBESITY SERVICE

#### Referral Criteria

#### KIDS FIT 4 FUTURE CLINIC

### Age 2-16 years

Family (preferably both parents and grandparents/extended family involved in care of child) able to attend service with a child who has a:

>120% of CDC BMI 95th centile = 99.6th centile if no obesity-related complications

See RCPCH UK BMI charts showing "Severe obesity" at or above 99.6th centile

at <a href="https://www.rcpch.ac.uk/sites/default/files/2018-03/boys\_and\_girls\_bmi\_chart.pdf">https://www.rcpch.ac.uk/sites/default/files/2018-03/boys\_and\_girls\_bmi\_chart.pdf</a>
Or

#### CDC BMI 85th centile if obesity-related complication

Pre-diabetes with string Family history of T2DM,

T2DM

Non-alcoholic fatty liver disease (NAFLD)

Obstructive sleep apnoea

major psychiatric or psychological disturbance secondary to obesity

benign intracranial hypertension

major orthopaedic complications e.g. SUFE

# For CDC BMI charts for boys and girls go to

https://pro.healthykids.nsw.gov.au/assess/

