 Healthy Families

The Charles

Perkins Centre

**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**

Health Professional Referral Form - Fax completed form to 8627 0141

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

Dietitian – Neha Prasad

**PATIENT DETAILS**

|  |  |
| --- | --- |
| Surname: | First name: |
| Date of birth: | Sex: □ Male □ Female □ Other |

**PARENT / CARER CONTACT DETAILS**

|  |  |
| --- | --- |
| Name: | |
| Home phone: | Mobile phone: |
| Home address: | |
| Language spoken at home: | |
| Interpreter required: □ Yes □ No | If yes, specify language: |

**CLINICAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Weight: | | Height: |
| BMI: | BMI centile: | |
| (see reverse of this page for calculation and tables) | | |
| Go4Fun completion date if applicable: | | |
| 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: | | |
|  | | |

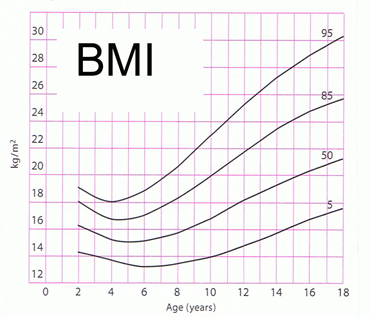
**PATIENT AGREEMENT**

|  |  |
| --- | --- |
| I, …………………….…………………………. (parent / guardian name) have discussed the referral to the Family-focused Healthy Lifestyle 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) | |
|  |  |

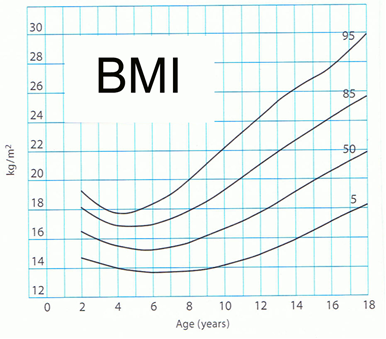
**REFERRING DOCTOR/ HEALTH PROFESSIONAL DETAILS**

|  |  |
| --- | --- |
| Name: | |
| Clinical role: | |
| Provider number: (if applicable) Email: | |
| Address: | |
| Phone: | Fax: |
| Signature: | Date: |
| Paediatrician / GP details: (if applicable) |  |
|  |  |
|  |  |

**BMI centile charts** taken from CDC Growth charts Overweight is defined as 85th to 95th centile for age. Obese is defined as over the 95th centile for age.



**Girls**



**Boys**

Body mass index (BMI) = weight (kilograms) ÷ height (metres)2