**NEPEAN BLUE MOUNTAINS FAMILY METABOLIC HEALTH SERVICE**

**KIDS FIT 4 FUTURE CLINIC REFERRAL**

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

Dear Associate Professor Gary Leong

Thank you for seeing my patient, Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_, contact phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post 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 □ Other Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_\_cm Weight\_\_\_\_\_\_\_\_\_kg

Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_cm Weight\_\_\_\_\_\_\_\_\_\_kg

□ Family History of Type 2 Diabetes Mellitus if YES, who\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or NO

□ Family History of Early Heart Disease (Myocardial Infarct/CVA) < 50 years: if YES, who \_\_\_\_\_\_\_\_or NO

* Family History of Mental Illness YES/NO if YES, who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Family History of Severe obesity requiring treatment YES or NO, if YES who\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* FACS involvement YES/NO if Yes please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Drug Addiction □Domestic Violence □Neglect □Physical abuse □ Sexual abuse
* Is the child prone to socially unacceptable behaviors (such as head banging, shouting, hitting etc.)? YES OR NO

**If patient have the following conditions/signs *(tick box provided\*):***

□ Acanthosis Nigracans □ Obstructive Sleep Apnoea □ Behavioral disorders:

□ Autism □ ADHD □ODD □ Mental illness: □Anxiety □Depression

□ Non-alcoholic fatty liver disease (abnormal LFTs) □ Hypothyroidism

***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.*

* PCOS with established oligomenorrhoea, hirsutism, hyperandrogenism □ Orthopaedic problems

Name of Referring Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_

Practice Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of this referral\_\_\_\_\_\_\_\_\_\_

**NEPEAN BLUE MOUNTAINS FAMILY METABOLIC HEALTH SERVICE**

Level 5 South Block, Nepean Hospital

PO Box 63 Penrith, NSW 2751

Ph **(02) 4734 4533** Fax **(02) 4734 1920**

NBMLHD-FamilyMetabolicHealthService@health.nsw.gov.au

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

**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 gentile if no obesity-related complications**

*See RCPCH UK BMI charts showing “Severe obesity” at or above 99.6th centile*

<https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf>

Or

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

Pre-diabetes with string Family history of T2D

T2DM

Non-alcoholic fatty liver disease (NAFLD)

Obstructive sleep apnoea

Major psychiatric or psychological disturbance secondary to obesity

Benign intracranial hypertension

Major orthopedic complications e.g. SUFE

**For CDC BMI charts for boys and girls go to**

[**https://pro.healthykids.nsw.gov.au/assess/**](https://pro.healthykids.nsw.gov.au/assess/)

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