



GO4FUN[®] REFERRAL FORM

Go4Fun[®] is an evidence based, FREE healthy lifestyle program for **children aged 7-13 years who are above a healthy weight**, and their families. Programs are locally available and are delivered by trained health and community professionals.

Children who participate in Go4Fun[®] achieve clinically significant improvements in physical activity and nutrition outcomes.

This form is available in MedicalDirector and Best Practice

PATIENT DETAILS

Child's name*:	Date of Birth*:	Sex*:
Weight*:	Height*:	Parent/Carer name*:
Phone Number*:	Email:	Postcode*:

COMMENTS/RELEVANT HISTORY/CONDITIONS

HEALTH PROFESSIONAL DETAILS

Please complete the details below, **OR** provide a Health Professional's stamp of authority.

Referral date: _____

Referring health professional's name*: _____

Name of service/practice*: _____

Phone number: _____

* Notes mandatory field

Health Professional's stamp

FOR SYDNEY CHILDREN'S HOSPITAL NETWORK STAFF ONLY

Please tick the referring campus

- Westmead
- Randwick

The parent/carer will be contacted within 5 working days with further information on a local Go4Fun[®] program.

For more information visit www.go4fun.com.au
or contact contact@go4fun.com.au