**John Hunter Children’s Hospital Weight Management Service Referral Form**

**Please fax completed form to the Referral Information Management System 02 4922 3904**

**Dr Taya Dowling/Dr Elizabeth Percival, JHCH Weight Management Service,**

**Patient details:**

|  |  |
| --- | --- |
| Given Name: | Surname: |
| DOB: |  □ Male □ Female | □ Aboriginal □ Torres Strait Islander  |
| Medicare Number:  |

**Parent/Carer Contact Details:**

|  |  |
| --- | --- |
| Name: | Relationship to Child:  |
| Contact Ph:  | Email address:  |
| Address:  |
| Is an interpreter required? □ Yes □ No If Yes, specify language: Is assistance required to complete forms □ Yes □ No  |

**Clinical details:**

|  |  |
| --- | --- |
| Weight: kg | Height: cm |
| BMI: kg/m2 |  |
| □ High BP (>95% - see link below) | □ Symptoms of obstructive sleep apnoea | □ Joint pain or other musculoskeletal complications e.g. SCFE | □ Acanthosis nigricans |
| □ Psychosocial consequences Specify: | □ Behavioural problemsSpecify: |
| Other significant medical/social history: |
| **Please attach copies of the following investigations (essential for 7-17 years):** |
| □ Fasting BGL | □ FBC | □ EUC  | □ LFT  |
| □ Fasting lipid profile(Chol/LDL/HDL/TG) | □ HbA1c | □ Vit D  | □ TSH  |
| **Please attach copies of the following investigations if available:** |
| □ OGTT  | □ Sleep study  | □ Other:  |
| Has the child/family had previous engagement with a weight management service e.g Go4Fun or dietitian □ Yes □ No Please specify:  |

**Patient Agreement**

I, …………………………………............................(parent/guardian signature) have discussed the referral to John Hunter Children’s Hospital Weight Management Service with our doctor 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 program.

**Referring Doctor Details**

|  |  |
| --- | --- |
| Name: | Provider Number: |
| Address: | Phone: |
| Signature: | Date: |

**BMI centile charts** taken from CDC Growth charts.

BMI = weight in kg ÷ (Height in metres)2

Blood pressure percentile information available at:

<http://www.rch.org.au/clinicalguide/guideline_index/hypertension/>