

Referral to Temple Street W82GO Healthy Lifestyles Programme

Children >98th percentile for BMI only

The following information is mandatory in order for the child to be assessed for the programme.

Name:	D.O.B:
Address:	
Parent/s Name:	Parent Contact

Dear Dr. Sinead Murphy,

Thank you for kindly assessing the above patient for his/her suitability to attend the Temple Street W82GO! Programme.

Date of Assessment:		Gender	
Height (cm)		Weight (kg)	
BMI		Waist circumference	
Referral discussed with child's parents	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, Why not?		
Blood pressure			
Evidence of hypothyroidism?			
Cutaneous markers?			
Symptoms of diabetes?			
Other Information			

I accept that this information is intended as a guideline only.

Yours sincerely,

Clinician Signature

Clinician Phone No.

Date of Referral