

Dear General Paediatrician,

I would have concerns regarding the weight status of my patient and would like to refer them for further medical assessment. Please see the details below.

I have discussed this referral with the parents of the child. Yes  No

<b>Date of Assessment</b>	
<b>Height (cm)</b>	
<b>Weight (kg)</b>	
<b>BMI</b>	
<b>Evidence of hypothyroidism?</b>	
<b>Cutaneous markers?</b>	
<b>Symptoms of diabetes?</b>	
<b>Blood pressure</b>	
<b>Relevant History</b>	
<b>Any Social Concerns</b>	

*Please print*

**GP Name** \_\_\_\_\_

**GP Address** \_\_\_\_\_

**GP Phone** \_\_\_\_\_