



Children's Health Ireland
at Temple Street

Sláinte Leanaí Éireann (SLÉ) ag Sráid an Teampaill, D01 YC67, Éire
Children's Health Ireland (CHI) at Temple Street, D01 YC67, Ireland
T + 353 (0) 1 878 4200 | www.cuh.ie
Cosc ar úsáid d'oidis leighis | Not for prescription purposes



W82GO CHILD & ADOLESCENT WEIGHT MANAGEMENT SERVICE REFERRAL FORM

- PLEASE KINDLY COMPLETE ALL SECTIONS OF THIS FORM IN PRINTED CAPITALS, FOR IT TO BE PROCESSED
- PLEASE FORWARD TO THE W82GO TEAM ADMINISTRATOR, SARAH DELANEY, TEMPLE THEATRE

Male: Female:

Date of referral: _____

Consultant: _____

Speciality: _____

CHI site: _____

Patient Addressograph

Parent/ Guardian Contact Name: _____

Contact Telephone No. : _____

Has parental consent been given for referral : Y N

MEDICAL DIAGNOSIS:

SPECIFIC CONCERNS:

Date of Assessment		Weight (kg)	
Height		Body Mass Index	
BMI Centile		Cutaneous markers?	
Blood Pressure		Symptoms of diabetes?	
Medications		Evidence of hypothyroidism?	

Please note: To ensure each child referred has access to other CHI specialities should that be required, it is important that he/she remains under the care of the referring medical consultant.

Translation Services required: Yes/No

MCRN: _____

PRINT YOUR NAME: _____ SIGNATURE: _____ BLEEP: _____

Please return to Sarah Delaney, W82GO Administration, Temple Theatre. Ext. 1838

For W82GO Dept. use: Date received: _____ Date of assessment clinic appointment _____