



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](http://www.cuh.ie)  
Cosc ar úsáid d'oidis leighis | Not for prescription purposes



## W82GO CHILD & ADOLESCENT WEIGHT MANAGEMENT SERVICE GP REFERRAL FORM

- PLEASE KINDLY COMPLETE ALL SECTIONS OF THIS FORM IN PRINTED CAPITALS, FOR IT TO BE PROCESSED
- PLEASE FORWARD TO GENERAL PAEDIATRICS, CHI AT TEMPLE STREET, DUBLIN 1, D01 YC67
- CHILDREN >98th PERCENTILE FOR BMI ONLY

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.

**Patient name:** \_\_\_\_\_

**Patient address:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

Male:  Female:

**Parent/ Guardian Contact Name:** \_\_\_\_\_

**Contact Telephone No. :** \_\_\_\_\_

Has parental consent been given for referral : Y  N

Translation Services required: Yes/No

**MEDICAL DIAGNOSIS/PAST MEDICAL HISTORY:**

\_\_\_\_\_

**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 print*

**GP Signature** \_\_\_\_\_

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

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

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

**Date of referral** \_\_\_\_\_