

EVERYONE

Alive 'N' Kicking – Children's Healthy Weight Programme Referral Form



Date of Referral:

Referee Name:	Contact Number:
Email address:	
Job Title:	Place of Work:

Name of Child	Weight (kg) Height (m) BMI
Gender: Male Female	
Date of Birth	Age
NHS No.	
Name of Parent(s)/Guardian(s)	
Address	
	Post code
Home Telephone number	Mobile
School	
GP's Name	Surgery
Contact number	

Does your child have any known medical problems or currently taking any medication?	
Do you know of any reason why your child shouldn't take part in a physical activity programme?	
Does your child suffer from any dietary allergies?	
Other relevant notes e.g. first language of family	
CONSENT :- I confirm that the patient has agreed to share his/her data with Everyone Health:	
Referrers name:	Referrers signature:

Email to secure email to Whyweight.bristol@nhs.net

Tel: 0117 942 2602

Or post to: Alive 'N' Kicking, Kingsdown Leisure Centre, Portland Street, Bristol, BS2 8HL

Please note that if you are a GP referring, by submitting this form you are consenting that ANK will have access to free room hire