

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

<u>Date of Referral:</u>

<u>Referee Name:</u>	<u>Referee Contact Number:</u>
<u>Referee Email Address:</u>	<u>Referee Job title:</u>
Name:	Weight:
Email:	Height:
Gender: M/F	BMI:
Date of Birth:	Age:
Name of Parent/Guardian(s):	
Address:	Post Code:
Home number:	Mobile:

GP's Name:	Surgery:
Surgery phone number:	

Does the child have any known medical problems or currently taking any medication? If yes please attach details.
Do you know of any reason why the child shouldn't take part in a physical activity programme? If yes please provide details.
Does the child suffer from any dietary allergies?
Other relevant notes e.g. first language of family
Would the family like to opt out from sharing personal identifiable data between health professionals such as GP, Dietician, School Nurse?
Referrer signature:

For any further information please call: 02084328535. Please return the form to Alive 'N' Kicking team: Email: Whyweight.bexley@nhs.net or Bexleyank@everyonehealth.co.uk or post to: Alive 'N' Kicking, Northumberland Heath Children's Centre, 141 Brook Street, Erith, DA81JD.