



## alive'n'kicking Children and Young People Weight Management (Tier 2) Referral Form

<u>Service: Tier 2 Children & Young People Weight Management:</u> All children aged 4 – 12 years who are on or above the 80<sup>th</sup> BMI centile living, going to school, or registered with a GP in Bracknell Forest.
 Normal weight children may take part in the courses along with a sibling who is above the 80<sup>th</sup> BMI centile is attending.

To be completed by the referring Health Professional (all Health Professionals can refer). All patient data will be kept securely and in accordance with Data Protection and Caldicott guidelines

| Child's Details   |                       |                |                  |        |          |
|---|-----------------------|----------------|------------------|--------|----------|
|   | Cilia 3 Deta          |                |                  | Age of |          |
| First Name  | Surname               | DO             | OB               | child  |          |
|   | Name of               |                |                  |        |          |
| Gender  | parent(s)/guardian(s) |                | ı                |        |          |
|   |                       |                | 1 1              |        |          |
| Address   | Postcode              |                | lephone<br>umber |        |          |
| Address   | Postcode              | INI            | Mobile           |        |          |
| Email   | NHS Number            |                | Number           |        |          |
| Linan   |                       |                |                  |        |          |
| Relevant Medication and Other Considerations/Co-Pathologies   |                       |                |                  |        |          |
| Does the child have any known medical problems or currently taking any medication?                      |                       |                |                  |        |          |
|   |                       |                |                  |        |          |
| Is there any reason why the child shouldn't take part in a physical activity programme?                 |                       |                |                  |        |          |
|   |                       |                |                  |        |          |
| Does the child suffer from any dietary allergies?   |                       |                |                  |        |          |
|   |                       |                |                  |        |          |
| Other relevant notes  |                       |                |                  |        |          |
|   |                       |                |                  |        |          |
| Child's Measurements:   |                       |                |                  |        |          |
| Height:   |                       | BMI:           |                  |        |          |
| Weight:   |                       | Blood Pressure | :                |        |          |
| Consent   |                       |                |                  |        |          |
|   |                       |                |                  |        |          |
| Please confirm you have discussed this referral with the patient and they wish to engage in the Healthy |                       |                |                  |        |          |
| Lifestyle Service   |                       |                |                  |        |          |
| I confirm that the patient has agreed to share his/her data with Everyone Health alive'n'kicking        |                       |                |                  |        |          |
| Referrer's Name: Referring Organisation:  |                       |                |                  |        | <u> </u> |
| Referrer's Job Title: Dat   |                       |                |                  |        |          |

Please send completed referral form via the method below

Email: clinical.contactcentre@nhs.net

For more information telephone: 03330050095

