Borders Child Healthy Weight Service:Fit4Fun Families Self Referral Form

**Child/Young Person’s details: Date of referral:**

**Name:**

**Date of birth: Age:**

|  |
| --- |
| **Address:** **Telephone:** **Email:**  |

**Gender:**

|  |
| --- |
| **Please tick**  |
| Male | Female | Other |
| If other, please state gender here:  |

**Please indicate which pronouns you prefer:**

He/him She/her They/them

**Ethnicity:**

|  |
| --- |
| **Please tick**  |
| White | Mixed/Multiple Ethnic Groups  |
| Asian | African  |
| Caribbean/Black  | Other Ethnic Group  |
| Other | Not Known  |

**Interpreter required? Yes No**

**Language:**

**GP details:**

**Registered GP surgery and contact telephone number**

**Referral details:**

**What are your main concerns? What are you hoping to achieve?**

|  |
| --- |
|  |

**Medical History (including current medications) – if you are unsure, feel free to leave blank to discuss with Dietitian**

|  |
| --- |
|  |

**Do you or your child/young person have any physical disabilities: Yes No**

**(If yes, please give details)**

**Measurements (to best of your knowledge): (**[**https://www.rcpch.ac.uk/sites/default/files/2018-03/boys\_and\_girls\_bmi\_chart.pdf**](https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf)**)**

|  |  |
| --- | --- |
| Height (cm): | Weight (kg): |
| BMI (kg/m²):  | BMI centile:  |
| Date taken:  |

**Additional comments:**

**Parent/Guardian/Carer signature:**

**Name: Relationship to child:**

**Telephone: Email:**

**If you feel you would like some additional support to fill in this form, please do not hesitate to contact us as 01896 826 447 to discuss further.**