

Raising Healthy Kids Referral Form

This is a referral to:

Healthy Lifestyles Coordination Service

F: 03 365 5977 E: healthylifestyles@pegasus.org.nz P: 03 374 1603**Referrer's Details**

Name

Practice

Fax

Email

Phone

General Practitioner's Details

Name

Practice

Fax

Email

Phone

Patient's Details

Family name

First name(s)

Date of birth

NHI

Parent / Caregiver name

Contact number

Address

Height (cm)	Weight (kg)	BMI centile
Comments		

To the Healthy Lifestyles Coordination Service:

I have discussed the child's BMI with the family. Please facilitate access to family based nutrition, activity and lifestyle programmes.

 The family has consented to this referral.

Signature

Date