

Name:



## Referral to Temple Street W82GO Healthy Lifestyles Programme

## **Children >98<sup>th</sup> percentile for BMI only**

The following information is mandatory in order for the child to be assessed for the programme.

	Address:				
	D.O.B: Chart No:				
Dear Dr. Sinead Murphy,					
Thank you for kindly assessing the above patient for his/her suitability to attend the Temple Stree W82GO! Programme. I have discussed this referral with the child's parents.					
Date of Assessment:		Gender			
Height (cm)		Weight (kg	(;)		
BMI		Waist circumfere	nce		
Blood pressure		,			
Evidence of hypothyroidism?					
Cutaneous markers?					
Symptoms of diabetes?					
Other Information					
I accept that this information is intended as a guideline only.					
Yours sincerely,					
General Practitioner			Date of Refer	Date of Referral	