



**REFERRAL FORM: Fax to: 1300 325 301 or email to: [contact@go4fun.com.au](mailto:contact@go4fun.com.au)**

Go4Fun is an evidence based, FREE healthy lifestyle program for **children aged 7-13 years who are above a healthy weight**, and their families. Programs are locally available and are delivered by trained health and community professionals.

Children who participate in Go4Fun achieve clinically significant improvements in physical activity and nutrition outcomes.

**Referral forms are available in MedicalDirector, Best Practice, Communicare & Titanium**

**PATIENT DETAILS**

Child's name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Sex\*: \_\_\_\_\_

Weight\*: \_\_\_\_\_ Height\*: \_\_\_\_\_ Parent/Carer name\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Email: \_\_\_\_\_ Postcode\*: \_\_\_\_\_

**COMMENTS/REVLEVANT HISTORY/CONDITIONS**

**HEALTH PROFESSIONAL DETAILS**

Please complete the details below

Referral date: \_\_\_\_\_

Referring health professional's name\*: \_\_\_\_\_

Occupation/position title: \_\_\_\_\_

Name of service/practice\*: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email\*: \_\_\_\_\_

All referral and participant outcomes will be sent to the above email address. If you require updates via post or fax, please provide details below.

Please tick if you do not wish to receive referral and participation outcomes

\* Notes mandatory field

**FOR NSW HEALTH FACILITY STAFF ONLY**

**Please tick the referring campus**

SCHN – Westmead      SCHN – Randwick      Other (specify) \_\_\_\_\_

Referrals received will be followed up within 5 business days.

**Disclaimer:** By completing this form, the participant is consenting to this information being sent to the Go4Fun team, and consents to be contacted.

For more information visit [www.go4fun.com.au](http://www.go4fun.com.au),  
email [contact@go4fun.com.au](mailto:contact@go4fun.com.au) or phone **1800 780 900**