



REFERRAL FORM
Fax to: 1300 325 301 or
email to: 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/RELEVANT HISTORY/CONDITIONS

HEALTH PROFESSIONAL DETAILS

Referral date: _____
Referring health professional's name*: _____
Occupation/position title: _____
Name of service/practice/facility*: _____
Phone number: _____
Email*: _____

* Notes mandatory field

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

FOR NSW HEALTH FACILITY STAFF ONLY

Please tick the referring setting

Inpatient Outpatient Community

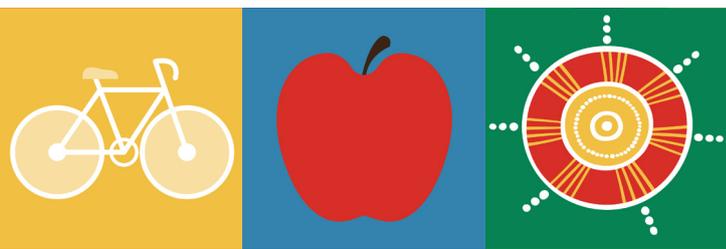
Sydney Children's Hospital Network staff ONLY. Please tick the referring campus

Westmead Randwick

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,
email contact@go4fun.com.au or phone **1800 780 900**



**HEALTHYEATING
ACTIVELIVING**