



GO4FUN® 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.

This form is available in MedicalDirector and Best Practice

PATIENT DETAILS			
PATIENT DETAILS			
Child's name*:	Date of Birth*:	Sex*:	
Weight*:	Height*:	Parent/Carer name*:	
Phone Number*:	Email:	Postcode*:	
COMMENTS/RELEVAN	IT HISTORY/CONDITIONS		
HEALTH PROFESSION	AL DETAILS		
Please complete the details below, OR provide a Health Professional's stamp of authority.			
Referral date:			
Referring health professional's	namo*:		
Referring fleatin professionals	manie .		
Name of service/practice*:			
Phone number:			
* Notes mandatory field		Health Professional's stam	np

FOR SYDNEY CHILDREN'S HOSPITAL NETWORK STAFF ONLY

Please tick the referring campus

Westmead Randwick

The parent/carer will be contacted within 5 working days with further information on a local Go4Fun® program.

