

## **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 Medical Director, Best Practice, Communicare & Titanium

PATIENT DETAILS					
Child's name*:			Date of Birth*:		Sex*:
Weight*:	Height*:		Parent/Carer name*:		
Phone Number*:		Email:			Postcode*:
*Please tick to confirm the participant has consented for this information to be sent to the Go4Fun team, and consents to be contacted					
COMMENTS/RELEVANT HISTORY/CONDITIONS					
HEALTH PROFESS	SIONAL DETAILS				
Referral date:					
Referring health profe	essional's name*:				
Occupation/position t	itle:				
Name of service/pract	ice/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 H	EALTH FACILITY STAFF ON	LY	
Please tick the referrin					
Inpatient Ou Sydney Children's Hos	tpatient Commu pital Network staff ON	•	e referring campus		
	andwick	,			

Referrals received will be followed up within 5 business days.

For more information visit www.go4fun.com.au, email contact@go4fun.com.au or phone 1800 780 900





