

Child's Name **NHS No. (if known)**
Home Address
Post Code **Gender (M/F)** **D.O.B**/...../..... **Age**
Name of School **School Year**
Parent/Carer's Full name **Relationship to child**
Telephone number **Mobile Telephone number**

PLEASE NOTE: Any referral form that has no telephone numbers or address **will be returned** to the referrer.

REFERRERS DETAILS

Referrers Full Name (please print)
Position/Job Role
Address
Email
Postcode **Telephone No.**

ASSESSMENT DETAILS *All details MUST be completed.

<p>Height (M) *must be completed <input style="width: 50px; height: 20px;" type="text"/></p> <p>Weight (Kg) *must be completed <input style="width: 50px; height: 20px;" type="text"/></p> <p>BMI Score *must be completed <input style="width: 50px; height: 20px;" type="text"/></p>	<p><u>NCMP REFERRALS ONLY</u></p> <p>NCMP measurement date:.....</p> <p> Reception <input type="checkbox"/> Year 6 <input type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> </p>
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DETAILS OF CO-MORBIDITIES/ RELEVANT HEALTH CONDITIONS

<p>Learning disability <input type="checkbox"/></p> <p>Learning difficulty <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Cardiovascular co-morbidity <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Child has no co-morbidities <input type="checkbox"/></p>	<p>If ticked yes to any health condition, details MUST be provided:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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I recommend that this child is given a needs assessment by KIDS before being offered a child weight management programme (only for those children with a learning/physical disability or difficulty)

STATEMENT OF CONSENT

I the referrer, gained consent (via a nil response to the NCMP result letter or verbally by the parent or carer) that this child's information can be recorded and passed on to the appropriate service to assist their intervention. All personal details will be kept and viewed in accordance with the Data Protection Act. Only anonymous details will be published without the expressed consent of this child's parent or carer.

Print Name **Signature** **Date** / /

Please note: Incomplete referrals will be returned to the referrer for clarification

