

Child Health & Weight Referral Form

Based on the details given in this form, your child will be referred to the most appropriate service.

Child/young person's details

Full name			
Date of birth			
Gender	Male	Female	Other
Child/young person's ethnic origin	White, White Scottish or White British		
	Asian, Asian Scottish or Asian British		
	African		
	Caribbean or Black		
	Other ethnic group		
	Not known		
School year			
Address (inc. postcode)			
Parent/carer name			
Parent/carer contact number			
GP name and address			
Any other professionals involved in child/young person's care? Please specify			
Are there any communication needs that the facilitator should be aware of? Please specify			
Is the child/young person aware the referral is being made?			
Is the parent/carer aware the referral is being made?			

Referrer's details

Title/Profession
Name
Relationship to child/young person
Address (if different to child)
Contact Number (if different to above)

Child's medical history

Child/Young Person's Measurements
(if available)

Height
(m)

Weight
(kgs)

Do you have concerns about the child/young person's weight, or have you noticed changes in the child's weight?

Please give details.

Does the child/young person have any periods of uncontrolled eating?

Please give details.

Does the child/young person have any medical conditions?

Please specify.

Does the child/young person have any significant emotional difficulties? (anxiety, low mood, eating disorder).

Does the child/young person have any other condition for which they require additional support (e.g. ADHD, ASD, Learning Disability)?

Please indicate whether they can participate in a group environment (virtual and/or face to face).

Are there any other considerations for digital service delivery that would be helpful for the group facilitator or dietitian to know?

Consent

The information you provide in this form will be kept confidential, secure and in full compliance with data protection legislation, and will only be used by authorised staff to help you plan and follow your activity programme. We will not share your data with anyone else except in a medical or safety emergency. We may process data in aggregate form (a summary of all data) for statistical purposes.

The [NHS Highland Data Protection Notice](#) explains your rights and how we safeguard any personal data you have provided.

You have the right to withdraw your consent at any time by contacting the paediatric dietitians via the details at the end of the form.

I consent to a referral being made to an appropriate service for the person named in this form and for the personal information provided to be held by NHS Highland (and Care & Learning Alliance where appropriate) for the purpose of administration and participation in the service.

Please tick to confirm

Parent/Carer/Child/Young Person

Signature

Print name

Date:

Referrer

Signature

Print name

Date:

Please return to:

paediatricdietitians@highland.gov.uk

or

Paediatric Dietetics,
Raigmore Hospital,
Old Perth Rd,
Inverness
IV2 3UJ

Queries can be made by contacting the paediatric dietitians on **01463 705 097**