

## **Referral Form**

The Better Health Program is a FREE 10-week, evidence based healthy lifestyle program for 7 to 13 year old children who are above a healthy weight, and their families.

The program includes physical activity, nutrition and behaviour change education delivered through fun and interactive activites.

Find out more at betterhealthprogram.org or by calling 1300 822 953

Fax: 1300 325 301 or Email: program@betterhealthcompany.org			
Family Details			
Parent/Carer name*:	Relationship to child:		
Contact number*:	Email Address:	Email Address:	
Home Address:		Postcode*:	
Referral 1			
Name*:	Date of Birth:		
Gender	Height:	Weight:	
Referral 2			
Name*:	Date of Birth:		
Gender	Height:	Weight:	
Comments / other relevant inf	ormation		
Health Professionals Details			
Please complete th	ne details below, or provide a health profess	sional's stamp of authority.	
Referrer's name*:			
Name of service/practice*:			
Phone number:			
Email address:			
* Notes mandatory field		Health Professional's stamp	

