

# HEALTHY LIFESTYLE PROGRAM REFERRAL FORM

We welcome referrals from parents, legal guardians, health professionals or other professionals involved in the child/young person's care.

You must fill in sections marked with an asterisk (\*) – we cannot accept the referrals if you don't fill these in.

\*Please confirm the child or young person meets all of the following criteria:

- Aged 4 years and over up to, and including 16 years
- Lives in the East Metropolitan Region (see the list of suburbs at the end of this form)
- Their parent or legal guardian supports and consents to this referral
- Has a valid Medicare card
- Above a healthy weight:
  - Note to health professionals – our service criteria are either:
    - [≥95<sup>th</sup> percentile](#), or
    - [≥85<sup>th</sup> percentile](#) with weight-related health conditions

## 1. Child or young person's details

\*Given name: \_\_\_\_\_ \*Family name: \_\_\_\_\_

\*Date of birth (dd/mm/yyyy): \_\_\_\_\_

\*Sex (as on birth certificate):  Male  Female  Indeterminate  Unknown

Pronouns (optional):  She/her/hers  He/him/his  They/them/their  
 Other \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Suburb: \_\_\_\_\_ (see list of eligible suburbs) \*Postcode: \_\_\_\_\_

\*Medicare number:            \*Reference:  \*Expiry: \_\_\_\_\_

Hospital Medical Record Number (if known): \_\_\_\_\_

\*Is the child or young person an Australian citizen or permanent resident?

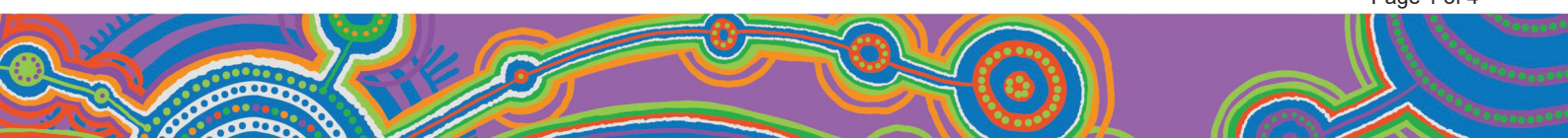
- Yes  No

\* Are you (caregiver) or is your child/young person of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, Aboriginal and Torres Strait Islander

\*Interpreter required?

- Yes  No Language required: \_\_\_\_\_



Child's family name: \_\_\_\_\_ Given name: \_\_\_\_\_ DOB: \_\_\_\_\_

## 2. Legal guardian's details

### Legal guardian 1

\*Relationship to child or young person:  Mother  Father  Other: \_\_\_\_\_

Title: \_\_\_\_\_ \*Given name: \_\_\_\_\_ \*Family name: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Alternative phone number: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_

Email: \_\_\_\_\_

\*  Address same as child or young person's details above

**OR**

\*Address: \_\_\_\_\_

\*Suburb: \_\_\_\_\_ \*Postcode: \_\_\_\_\_

### Legal guardian 2/caregiver (if applicable)

Relationship to child or young person:  Mother  Father  Other: \_\_\_\_\_

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative phone number: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_

Email: \_\_\_\_\_

Address same as child or young person's details above

**OR**

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 3. Referral details

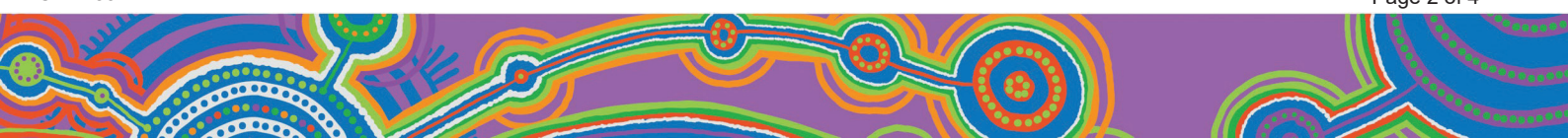
\*Weight of child or young person (kg): \_\_\_\_\_ \*Height of child or young person (cm): \_\_\_\_\_

\*Date of measurement: \_\_\_\_\_

Any weight-related health conditions?

Any health/wellbeing/neurodevelopmental conditions you want us to be aware of?

Medications:



Child's family name: \_\_\_\_\_ Given name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is there anything else the family would like us to know?

#### \*4. Referrer details

##### If caregiver/parent/legal guardian

Same as Legal Guardian 1 details above

**OR**

Same as Legal Guardian 2 / Caregiver details above

##### If health professional/other

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organisation: \_\_\_\_\_

Provider number: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred mode of correspondence:  Email  Post

#### 5. GP details

Same as referrer details above

**OR**

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Provider number: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Submit the referral

Email the completed form to [CACH.HealthyLifestyles@health.wa.gov.au](mailto:CACH.HealthyLifestyles@health.wa.gov.au).

If you don't have access to email or are having difficulty submitting the form, please call 0497 587 060.

Thank you for your referral. The Healthy Lifestyle Coordinator will be in contact with the family within 4 weeks of referral date. If this has not occurred, please contact

[CACH.HealthyLifestyles@health.wa.gov.au](mailto:CACH.HealthyLifestyles@health.wa.gov.au)

For this program to be evaluated, and for us to advocate for children and young people, this program has a research component. We will provide more information to families who are referred to the program.

**Phone:** 0497 587 060

**Web:** [cahs.health.wa.gov.au/our-services/community-health](http://cahs.health.wa.gov.au/our-services/community-health)



# Healthy Lifestyle Program – eligible suburbs

- A**  
Armadale 6112  
Ascot 6104  
Ashendon 6111  
Ashfield 6054  
Aveley 6069  
Avon Valley Nat. Park 6084
- B**  
Bailup 6082  
Baskerville 6056  
Bassendean 6054  
Bayswater 6053  
Beckenham 6107  
Bedford 6052  
Bedforddale 6112  
Beechboro 6063  
Beechina 6556  
Belhus 6069  
Bellevue 6056  
Belmont 6104  
Bennett Springs 6063  
Bentley 6102  
Bickley 6076  
Boya 6056  
Brabham 6055  
Brigadoon 6069  
Brookdale 6112  
Bullsbrook 6084  
Burswood 6100  
Byford 6122
- C**  
Camillo 6111  
Canning Mills 6111  
Cannington 6107  
Cardup 6122  
Carlisle 6101  
Carmel 6076  
Caversham 6055  
Champion Lakes 6111  
Chidlow 6556  
Cloverdale 6105
- D**  
Darling Downs 6122  
Darlington 6070  
Dayton 6055
- E**  
East Cannington 6107  
East Perth 6004  
East Victoria Park 6101  
Eden Hill 6054  
Ellenbrook 6069  
Embleton 6062
- F**  
Forrestdale 6112  
Forrestfield 6058
- G**  
Gidgegannup 6083  
Glen Forrest 6071  
Gooseberry Hill 6076  
Gorrie 6556  
Gosnells 6110  
Greenmount 6056  
Guildford 6055
- H**  
Hacketts Gully 6076  
Harrisdale 6112  
Haynes 6112  
Hazelmere 6055  
Helena Valley 6056  
Henley Brook 6055  
Herne Hill 6056  
High Wycombe 6057  
Highgate 6003  
Hilbert 6112  
Hopeland 6125  
Hovea 6071  
Huntingdale 6110
- I**  
Inglewood 6052
- J**  
Jane Brook 6056  
Jarrahdale 6124
- K**  
Kalamunda 6076  
Karragullen 6111  
Karrakup 6122  
Kelmescott 6111  
Kensington 6151  
Kenwick 6107  
Kewdale 6105  
Keysbrook 6126  
Kiara 6054  
Koongamia 6056
- L**  
Langford 6147  
Lathlain 6100  
Lesley 6111  
Lesmurdie 6076  
Lexia 6079  
Lockridge 6054
- M**  
Maddington 6109  
Mahogany Creek 6072  
Maida Vale 6057  
Malmalling 6556  
Mardella 6125  
Martin 6110  
Maylands 6051  
Melaleuca 6079  
Middle Swan 6056  
Midland 6056  
Midvale 6056  
Millendon 6056  
Morley 6062  
Mount Helena 6082  
Mount Lawley 6050  
Mount Nasura 6112  
Mount Richon 6112  
Mundaring 6073  
Mundijong 6123
- N**  
Northbridge 6003
- O**  
Oakford 6121  
Oldbury 6121  
Orange Grove 6109
- P**  
Parkerville 6081  
Paulls Valley 6076  
Perth 6000  
Perth Airport 6105  
Piara Waters 6112  
Pickering Brook 6076  
Piesse Brook 6076
- Q**  
Queens Park 6107
- R**  
Red Hill 6056  
Redcliffe 6104  
Reservoir 6076  
Rivervale 6103  
Roleystone 6111
- S**  
Sawyers Valley 6074  
Serpentine 6125  
Seville Grove 6112  
South Guildford 6055  
South Perth 6151  
Southern River 6110  
St James 6102  
Stoneville 6081  
Stratton 6056  
Swan View 6056
- T**  
The Lakes 6556  
The Vines 6069  
Thornlie 6108
- U**  
Upper Swan 6069
- V**  
Victoria Park 6100  
Viveash 6056
- W**  
Walliston 6076  
Walyunga Nat. Park  
6084 Wattle Grove 6107  
Welshpool 6106  
West Perth 6005  
West Swan 6055  
Whitby 6123  
Whiteman 6068  
Wilson 6107  
Woodbridge 6056  
Wooroloo 6558  
Wungong 6112

Phone: 0497 587 060

Web: [cahs.health.wa.gov.au/our-services/community-health](http://cahs.health.wa.gov.au/our-services/community-health)

