Interior Health

Public Health
519 Columbia Street
Kamloops, BC V2C 2T8

Phone: 250-851-7300/Fax: 250-851-7301
www.interiorhealth.ca/shapedown

Shapedown BC

Kamloops Healthy Weights for Children: *Shapedown BC*
PHYSICIAN REFERRAL FORM

Date of Referral: _____

Child's Full Name:			**Child's age:**
PHN:		**DOB (yyyy/mm/dd):**	**Male ☐ or Female ☐**
Parent/Guardian's names:	**Mother:**		
	Father:		
	Other (Please state relationship:		
Address:			
City:		**Postal Code:**	
Telephone (home):		**Telephone (work/cell):**	

Current Weight (kg)_____ **Current Height (cm)**_____ **BMI** _____ **Current Blood Pressure** _____

1. **Is family aware of referral and expressed interest in further assessment and assistance including nutrition and lifestyle counselling?**
   Yes ☐ No ☐ **(Please Explain):** _____

2. **Medical/Psychiatric History** ***(Please attach any blood work from last 6 months & any growth charts)***

3. **Family History**

4. **Additional Comments** ***(i.e., significant family stressors, language barrier, insight on patient's weight problem, etc.)***

Referring Physician/ Nurse Practitioner: _____ **Practitioner Number:** _____

Complete Address: _____ *Phone Number:* _____

Family Physician: _____ **Practitioner Number:** _____

Complete Address: _____ *Phone Number:* _____

Please FAX completed referral to: 250-851-7301

BRITISH COLUMBIA