

Family details

Referral form

Better Health Program is a free healthy lifestyle program for 6-12 year old children who are above a healthy weight and their families. The program is evidence-based and designed by health professionals. The program is delivered either as face-to-face group sessions or online, via interactive activities accompanied by weekly health coaching. Practical resources are provided to families throughout the program for further support.

For more information please call us on 1300 822 953 or send us an email at info@betterhealthcompany.org

| Parent/Carer name*: | | Relationship to child: | |
|---|-------------------|--|--|
| Contact number*: | | 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 information | | | |
| | | | |
| | | | |
| | | | |
| Health professional's details | | | |
| | l email or fax to | o 1300 325 301 or scan the QR code to refer online | |
| Referrer's name*: | | | |
| Name of service/practice*: | | | |
| Phone number: | | | |
| Email address: | | \$6.25\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| * Notes mandatory field | | | |
| lam a School Health Nurse or Child Health Nurse: Ye | s No | Scan to refer online | |



