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| **0-19 FIT Club Referral Form**  **Health Promotion Team: Prenton Clinic, Prenton Village Road, CH43 0TF. Telephone: 0151 643 5403**  **Email:** **WCNT.SchoolHealthTeam@nhs.net** | |
| **Child’s Name:** | **School / setting attended:** |
| **Date of Birth:** | **G.P. name and contact details:** |
| **Address:**  **Postcode:** |
| **Parental / Carer informed of referral.**  **YES / NO** |
| **Young person contact telephone no:** | **Parent contact telephone no:** |
| **Main language spoken:** | **Interpreter required. YES / NO** |
| **Ethnicity:** | **Religion:** |
| **Height:** | **Weight:** |
| **Reason for referral (please provide ALL relevant information):** | |