

## Referral Form for Health Professionals

Fax to: 8927 8515 or email to: [healthykids@healthylivingnt.org.au](mailto:healthykids@healthylivingnt.org.au)

**Accompanying parent/carer details**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby consent my child to participate in the Healthy Territory Kids program*

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child's details**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male / Female (please circle)

Height(cm) \_\_\_\_\_ Weight(kg): \_\_\_\_\_

**Referring Health Professional (HP)**

*Please complete the details below **or** provide your stamp of authority*

HP Name: \_\_\_\_\_ HP Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

Referring Health professional's stamp:

*Thank you for the referral. Your client will be contacted by a Healthy Territory Kids team member shortly*

**Darwin**  
 Shop 1 & 2 Tiwi Place,  
 Tiwi NT 0810  
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 Casuarina NT 0811  
 Phone: 08 8927 8488  
 Fax: 08 8927 8515  
 E: [info@healthylivingnt.org.au](mailto:info@healthylivingnt.org.au)

**Alice Springs**  
 Jock Nelson Centre,  
 7/16 Hartley Street,  
 Alice Springs NT 0870  
 Phone: 08 8952 8000  
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 E: [alicesprings@healthylivingnt.org.au](mailto:alicesprings@healthylivingnt.org.au)

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 ABN 11 374 693 055

Healthy Living NT  
 is the trading name of the  
 Diabetes Association  
 of the Northern Territory  
 Incorporated.

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 is the registered NT  
 licence holder for  
 Life. Be in it.

