

If you would like some help to fill in this form, please phone us on
Tel:01896 826 447

What we need to know

Name:	Today's Date:
Date of birth:	Age:

Address:
Telephone:
Email:

How can we help you?

What would you like to change?

Do you know your measurements?	
Height (cm/ft/in):	Weight (kg/stone/lbs):

Anything else you think we need to know?

Gender: Please tick		
Male	Female	Prefer not to say

Other please state here:

Please indicate which pronouns you prefer: Please tick

He/him

She/her

They/them

Other please state here:

Prefer not to say

Ethnicity: Please tick

White

Mixed/Multiple Ethnic Groups

Asian

African

Caribbean/Black

Other Ethnic Group

Prefer not to say

Not Known

Other please state here:

Do you or your child/young person have any physical disabilities or additional support needs?

Yes

No

(If yes, please give details)

First language:

Interpreter required? Yes No

Parent/Guardian/Carer signature (or if you are over 12 years old you can sign for yourself)

Name:

Relationship to child:

Signature:

Telephone:

Email:

Please return by email to:

Child.Healthyweightservice@borders.scot.nhs.uk

Or by post to:

Borders Child Healthy Weight Service: Fit4Fun Families

Borders General Hospital

Melrose

TD6 9BS