**Short Stature Referral Form**

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| --- |
| Date of referral: |
| Details of patient:Name:DOB: |
| Parent name:Parent contact: |
| Details of referring doctor:Name:Practice name and address:Contact: |

**Auxology:**

Date:

Age:

Weight: (Centile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Height/Length: (Centile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Mother’s height:

Father’s height:

**Details of referral (please include past medical history, birthweight, medications, pubertal staging):**

|  |  |
| --- | --- |
| Past medical history |  |
| Birth History (including birthweight) |  |
| Medications |  |
| Pubertal Staging |  |

**Prior to referral, please arrange for the following investigations\* and ensure that a copy of the results is below or otherwise available to the Evelina London Children’s Hospital Endocrine team:**

|  |  |
| --- | --- |
| **Test:**  | **Result (and Reference Range)** |
| Full blood count |  |
| Electrolytes, Urea and Creatinine (Renal Profile) |  |
| IGF-1 |  |
| Ferritin |  |
| Coeliac serology (TTG and total IgA) |  |
| ESR & CRP |  |
| TSH and T4 |  |

\* If you have difficulty organising paediatric blood collection, we can arrange for these post-referral