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| **This referral form is required for clinicians and service professionals to refer a child to**  **the Child Development Service.**    Please complete the following pages. Eligibility for an assessment will be confirmed after a detailed Intake process has occurred. If eligible, families will then be offered an appointment.  **Referral Eligibility Criteria:**   * Children who are likely to have a global developmental delay or intellectual disability and * Are residents of a Northern Sydney Local Health District * Are eligible for a Medicare card * Have not yet started school |

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| **OFFICE USE ONLY** |  |
| **Date Received** :Click here to enter text.  **CDS NO**:Click here to enter text. | *(Affix patient label here)* |
| Intake Discussion & Date:  Click here to enter text.  Assessment  Clinic  OT  Hold  Not for CDS | |

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| **Referrer Details**  Name:Click here to enter text.  Profession:Click here to enter text.  Date: Click here to enter a date. | | | Mailing address:  Click here to enter text.  Email:Click here to enter text.  Phone: Click here to enter text. | |
| **Child Details**  Surname: Click here to enter text. Given name:Click here to enter text.  Date of birth:Click here to enter text.  Sex: Male Female  Address: Click here to enter text.  P/Code:Click here to enter text. | | Existing Diagnosis?: Yes  No  If yes, please specify:  Click here to enter text.  Interpreter Required?: Yes  No Language: | | | |
| **Carer Details**:  Carer:Click here to enter text. Relationship to child: Click here to enter text.  Phone:Click here to enter text. Email:Click here to enter text.  Carer: Click here to enter text. Relationship to child: Click here to enter text.  Phone: Click here to enter text. Email:Click here to enter text.  Out of Home Care? Yes  No  If yes, who has Parental Responsibility? Click here to enter text. | | | | |
| **Reason(s) for referral/clinical concerns**:  Global Developmental Delay  Autism Spectrum Disorder  Play/Social Interaction | | Behaviour Difficulties  Intellectual Disability  Other (please specify) Click here to enter text. | | |
| **Current Skills:**  **Expressive Language** *(eg no words, single words, sentences, using gestures etc)*  Click here to enter text.  **Receptive Language** *(eg follows one part or complex instructions, understands gestures etc)*  Click here to enter text.  **Play and socialisation** *(eg pretend play, initiates interaction, shows empathy)*  Click here to enter text.  **Gross Motor skills**  Click here to enter text.  **Fine motor skills**  Click here to enter text.  **Behaviour concerns** *(eg tantrums, fixations, obsessions, anxiety)*  Click here to enter text.  **Self- help Skills** *(eg dressing, toileting, eating etc)*  Click here to enter text.  **Pre-academic skills** *(eg counting, colours, puzzles, memory etc)*  Click here to enter text. | | | | |
| **Background Medical History** *(including hearing or vision tests)*  Click here to enter text. | | | | |
| **Relevant Psychosocial/Family History** *(eg parental separation/child protection issues/ mental health, social disadvantage)*  Click here to enter text. | | | | |
| **Has the child been referred to or had any of the following?** *(please send any current reports)*  Click here to enter text. | | | | |
| **Service** | **Yes/No** | **Name of Service** | | (office use only)  Report received |
| Intellectual/Developmental  Assessment | Yes No | Click here to enter text. | |  |
| Occupational Therapy | Yes No | Click here to enter text. | |  |
| Speech Pathology | Yes No | Click here to enter text. | |  |
| Physiotherapy | Yes No | Click here to enter text. | |  |
| Social Work/Psychology | Yes No | Click here to enter text. | |  |
| Early Intervention Provider | Yes No | Click here to enter text. | |  |
| Childcare/Preschool | Yes No | Click here to enter text. | |  |
| Paediatrician | Yes No | Click here to enter text. | |  |
| Other | Yes No | Click here to enter text. | |  |
| NDIS funding : | Yes No  Applied |  | |  |
| **Is the carer aware of this referral?** Yes No  **Does the carer share your concerns?** Click here to enter text.  **Additional comments or considerations before contacting the carer?**Click here to enter text.  **THANK YOU FOR COMPLETING THIS FORM.** *This referral will be processed by our intake team and we will contact you with the outcome in due course.* | | | | |