



Facility: COM HKH MQE MVH RNS RYD

FAMILY NAME		MRN
GIVEN NAME		MALE FEMALE
D.O.B. DD / MM / YYYY	M.O.	
ADDRESS		
		PH
M/C	FIN	
LOCATION / WARD		ADM DD / MM / YYYY

REFERRAL TO CHILD DEVELOPMENT SERVICE

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

The Child Development Service (CDS) is a tertiary assessment service reserved for children with complex developmental problems, especially emerging intellectual disability. We provide a range of assessment and/or consultation services, depending on the child and their situation.

Most developmental concerns are managed by local health professional (Paediatrician, Allied Health Therapist, Child & Family Health Nursing) without needing an assessment by CDS.

Eligibility to the CDS: Children who have not yet started school and reside within the Northern Sydney Local Health District and have a Medicare card.

To make a referral a clinician or early childhood professional to complete this form in detail outlining behaviours consistent with a global development delay or developmental disability

Intake and Triage: Information from this form and related attachments will be assessed by our team to determine access, priority, and alternative service pathways.

Outcome: Referrers and the family will be advised of the referral outcome by email.

Referrer Details

Name Profession

Email Phone

Mailing address

Date: ___ / ___ / ____

Child Details

Family name Given name

Date of birth: ___ / ___ / ____ Sex: Male Female

Address Postcode

Aboriginal or Torres Strait Islander Origin? Aboriginal Torres Strait Islander Both Neither Unknown

Interpreter required: Yes No Language

Parent/Carer Details

Parent/Carer 1 name Relationship to child

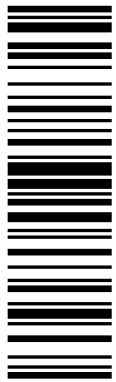
Phone Email

Interpreter required: Yes No Language

Parent/Carer 2 name Relationship to child

Phone Email

Interpreter required: Yes No Language



REF 10806

Holes punched as per AS2828.1:2019
BINDING MARGIN - NO WRITING

CATALOGUE NUMBER NS10806-E APR24/V4

REFERRAL TO CDS



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Play and socialisation (e.g. pretend play, initiates interaction, interest in peers, parallel play)

Gross motor skills (e.g. strength, coordination, agility)

Fine motor skills (e.g. drawing, construction play, table top skills, handedness etc.)

Behaviour concerns (e.g. tantrums, fixations, repetitive behaviours, strong emotions, safety awareness etc.)

Self-help Skills (e.g. dressing, toileting, use of cutlery etc.)

Pre-academic skills (e.g. colours, puzzles, letters, numbers etc.)

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Background Medical History (including hearing or vision tests)

Relevant Psychosocial/Family History

(e.g. parental situation, wellbeing, social disadvantages, other challenges)

Current Services Involved

Service	Yes/No	Name of Service
Occupational Therapy	Yes No	
Speech Pathology	Yes No	
Physiotherapy	Yes No	
Social Work/Psychology	Yes No	
Childcare/Preschool	Yes No	
Paediatrician	Yes No	
Non-government organisation/family support service	Yes No	
Other	Yes No	
NDIS funding	Yes No Applied	

Do you have existing reports or letters you can attach to this referral? Yes No

Additional comments or considerations before before the intake clinician contacts the parent/carer?

Thank you for completing this form. Please email completed referral form to NSLHD-CDS@health.nsw.gov.au
 If you have any queries, please contact the Child Development Service on the above email or call on (02) 9462 9288.
 Website: <https://www.nslhd.health.nsw.gov.au/CYFH/services/Pages/ChildDevelopmentalService.aspx>

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