

## Allied Health Developmental Assessment for RCH children

Allied Health is piloting a streamlined multidisciplinary developmental assessment for infants and young children (0-5 years) with emerging developmental delay / disabilities. Currently Allied Health operate in a discipline based model, so RCH clinicians have to make multiple referrals (e.g. to SP, Physio and OT) for children with developmental problems. This results in difficulties for families navigating our system and lack of integration with their care.

The Allied Health Developmental Assessment service will trial:

- A central intake for Allied Health Developmental Assessment
- Efficient and streamlined multi disciplinary assessment of infants and children's development
- Provision of an action plan at the point of assessment to the family
- Referral to community agencies for ongoing therapy intervention when indicated
- Standardised reporting procedures to RCH referrers

**Referral to the clinics is via the attached referral form. Please send to Allied Health Intake Co-ordinator, Physio / OT Department (4<sup>th</sup> floor) or email [ahdevelopment.service@rch.org.au](mailto:ahdevelopment.service@rch.org.au)**

Please refer the infant / child if:

1. The infant/child is aged between 0-5 years
2. The infant/child has a RCH Unit Record (UR) and they are a public patient
3. There is a developmental concern in **two** or more of the following skill areas:
  - a. Motor (gross and fine)
  - b. Communication (receptive and expressive)
  - c. Play and self-care
  - d. Cognition
  - e. Social/emotional
  - f. Feeding
4. The infant/child is under the auspice of an RCH public medical consultant who is investigating their developmental concerns
5. The referring clinician requires a second opinion on the progress of their development

Other points of consideration:

6. The infant/child should not currently be receiving allied health services either through Early Childhood Intervention Services (ECIS), through other community agencies, or through private therapy providers
7. Children where autism spectrum disorder (ASD) is suspected should be referred to the Developmental and Autism Assessment Intake (Janine Standen: 9345 6733, pager 9283)

Please note that where more appropriate the Intake Coordinator will redirect the family to an appropriate community service in their area.

If you have any questions, please contact Natalie McCallum or Sue Greaves (Intake Coordinators) 93455411

## Intake referral form Allied Health Developmental Assessment Service

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UR:  
Surname:  
Given name:  
Address:  
D.O.B:  
Phone contact:

Please email referrals to:  
[ahdevelopment.service@rch.org.au](mailto:ahdevelopment.service@rch.org.au)  
or send to:  
**Intake Coordinator**  
**Allied Health Developmental Assessment Service**  
**c/o Physiotherapy Department, 4<sup>th</sup> floor Main Building**

Date Received  
*(Office Use Only)*  
  
Date Received:  
Intake By:

Date of Referral	
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Name of Referrer	
Department	
Contact Number	Email:

Interpreter Required	Yes / No	Language:
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Please note that informed parental permission for referrals is mandatory.		
Has permission from parents been gained for this referral?	Yes	No

Brief History / Medical Background	
Investigations (MRI, Vision, Hearing)	

# Intake referral form Allied Health Developmental Assessment Service

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Please provide brief details of your concerns and/or observations under the following domains:-

Communication (e.g. early vocalisation, number of words in vocabulary, non verbal skills, clarity of speech)	
Gross Motor (sitting, crawling, walking, pulling to stand, run, kick, throw a ball)	
Fine Motor Skills (e.g. pointing, picking up objects, bimanual coordination, scribbling)	
Cognitive (e.g. cause/effect, responding to spoken language, respond to their name, following simple commands, responding to gesture)	
Social/Play (e.g. interaction with others, favourite toys, imitates actions, type of play: exploratory, pretend)	
Food and Nutrition (growth history, feeding difficulties or mealtime behaviours)	
Self Care skills (dressing ,bathing toileting)	
Additional information (if relevant):	
Custody orders, family history, DHS involvement, stress factors involved	Details:
What support is the family accessing? (Community agencies, child care, extended family support)?	Details:
Have they been referred to Early Intervention?	Details: