

**SOUTHERN METROPOLITAN REGION  
SPECIALIST CHILDREN'S SERVICES  
REFERRAL FORM**

*All information will remain confidential*

Please print on the form and provide as much information as possible. Please attach any Referrals, information/reports that will assist the Intake Coordinator (with approval of parents/primary caregiver).

<b>Person Referring</b>			
Name:			
Position:			
Address:		Email Address:	
Phone No:	Mobile:	Fax:	
Signature:		Date:	
<b>Child's Details</b>			
Child's Surname:	First Name:	Usually called:	
Child's DOB:	<input type="radio"/> Male	<input type="radio"/> Female	
Residential Address:			Postcode:
Postal Address:			Postcode:
<b>Family Details</b>			
Mother's Name:			
Address:			
Phone No: (H)	(W)	Mobile:	
Father's Name:			
Address: (if different to above)			
Phone No: (H)	(W)	Mobile:	
Parent/s Signature:			
Name of Primary Caregiver/s:			
Relationship to Child:			
Language Spoken at Home:		Interpreter required? Yes / No	
Name and age of siblings:			
Family has:	Health Care Card	Yes / No	
Family Member/s are of Aboriginal and/or Torres Strait origin? Yes / No			

Carer's Allowance:      Yes / No	Applied for:      Yes / No
<b>Referral Details</b>	
Reason for request for service. Indicate the specific nature of concern/diagnosis and provide detailed information (attach copies of assessments/ reports if available.)	
<b>Developmental History</b>	
<b>Motor Development:</b>	
Age at which child:              sat _____      crawled _____      pulled to stand _____      walked _____	
<b>Language Development:</b>	
Age at which child began:      babbling _____      said first words _____      used 2-word utterances _____	
Does your child respond to simple instructions?              Yes / No	
How does your child <u>express</u> his/her needs?	
<b>Behaviour: Does the child have any of the following difficulties? Please give examples:</b>	
Eating problems	
Sleeping problems	
Short attention span	
Difficulty following requests	
Resists change in routine	
Has tantrums	
Is physically/verbally aggressive	
<b>Play Skills: Please ! box as appropriate. Does the child:</b>	
Respond to games like peek-a-boo?                              Ω	Play contentedly near other children? (parallel play)              Ω
Imitate movements, clapping, waving?                              Ω	Play imaginary games using props? (clothing, materials)              Ω
Play simple turn taking games, ball rolling?                              Ω	Play co-operative games in small groups?                              Ω
Imitate actions, feeding a doll?                              Ω	
<b>Other Services/Agencies, Professionals involved: (please list name, address, contact phone number) eg. Paediatricians/etc.</b>	
Past:	
Present:	
Attending Family Day Centre/Child Care Kindergarten:	Yes / No

## Specialist Children's Services

### GUIDELINES FOR COMPLETION OF SPECIALIST CHILDREN'S SERVICES REFERRAL FORM 2001

The contact telephone number for Specialist Children's Services Regional Intake is:

**1300 720 151**

Hours of Regional Intake are Monday – Friday 9.00am to 5.00pm.

Prior to completing the Referral Form, the following information needs to be considered:

There are a range of early childhood services that provide support to children and their families across the Southern region:-

- Maternal and Child Health Nurses provide support, information, advice and ongoing monitoring in relation to concerns, assisting families with problems of a less specialist nature.
- A variety of paediatric therapy programs are also available to children through local Community Health Centres across the region.
- Specialist Children's Services provide specialist paediatric support services to children with developmental delay/disability from birth to school entry and their families.
- A number of Special Developmental Schools conduct Early Education Programs for children aged 2.8 yrs to 4.8 years with moderate to severe developmental delay/disability.
- Early Childhood Intervention services provide specialist paediatric support to children from birth to school entry with significant developmental delay/disability.

Referrers should consider which of these services most appropriately meets the needs of the child and family.

Further information regarding services available for children and their families can be obtained by contacting the Specialist Children's Services Regional Intake Co-ordinator on 1300 720 151.

1. Information regarding the range of services available to parents/primary carers within their local community should be discussed with parents prior to completing a referral for service.
2. The referral form is to be completed in consultation with the parents/primary caregivers wherever possible and consent obtained.
3. Referrals must be completed only on the attached new referral form.
4. Please **print** all information on the referral form providing adequate detail.
5. The form is to be signed by both the referrer and the parent/s **BEFORE** being posted to:

Specialist Children's Services  
Regional Intake Co-ordinator  
122 Thomas Street (PO Box 692)  
Dandenong 3175

6. Attach all additional relevant information/reports (with the approval of the parents/primary caregivers) that will assist the Regional Intake Co-ordinator.
7. Please do not fax or email copies of referrals. Often forms received in this manner are incomplete and can cause unnecessary delay.

Upon receipt of the referral form, the Regional Intake Co-ordinator will seek to discuss the referral with the parents/primary carers and referrer where appropriate. Information concerning the range of service options available to the family will be discussed, to identify the most appropriate service option to meet the family's needs.

A letter will be sent to the parents/primary carers and referrer documenting the outcome of these discussions and the proposed Specialist Children's Services Regional Intake recommendations.

If you wish to consult with the Specialist Children's Services Intake Co-ordinator prior to making a referral, please call 1300 720 151.