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## ChIPS Referral Form

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### Important Information about ChIPS

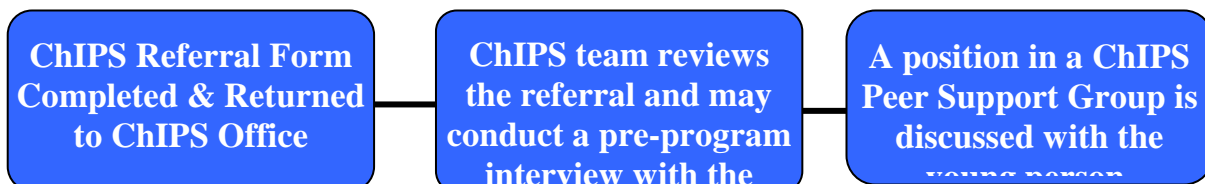
The Chronic Illness Peer Support program (ChIPS) is a vibrant adolescent peer support program that has operated for over 15 years providing critical psychosocial and peer support for 12-25 year olds living with a chronic illness.

The entry point for the ChIPS programme is via the “Eight Week Group” or the “ChIPS Intensive” where new participants share experiences of living with chronic illness and learn from each other in a facilitated, semi-formal and safe environment. Once program participants have completed their Eight Week Group or Intensive they can take advantage of year round recreational, social and leadership activities.

### Qualifying Criteria

- **12-25 years of age with a primary diagnosis of chronic illness,**
- **Living with a chronic illness or condition that affects their daily life,**
- **Are able to attend 8 week peer support group or a 2 day intensive group,**
- **Are ready and able to participate/function well in a group setting.**

### Referral Process



### FAQs

Q) Who can refer a young person?

A) ChIPS prefers referrals from health and allied health professionals including, but not limited to: doctors, nurses, psychologists, school counsellors, social workers, youth workers, psycho-social support staff. Parents/Guardians may refer their child in the absence of an above listed health professional.

Q) When does ChIPS accept referrals?

A) ChIPS is accepting referrals year round on a rolling basis and will do it's best to place those who are referred in a peer support group as soon as possible.

Q) Does the young person need to be a patient of the Royal Children's Hospital?

A) No. ChIPS is run at the Royal Children's Hospital, Melbourne but it engages young people from throughout Victoria.

Q) Is there anyone the young person can talk to if they are not sure about ChIPS?

A) Yes. ChIPS staff are available to speak with the young person or referring health professional, or if the young person would prefer they can talk with a current ChIPS participant from the ChIPS Reference Committee. Just call 9345 6916.

# ChIPS Referral Form

This form is to be completed by a relevant healthcare professional.  
Mail to: ChIPS Program, Centre for Adolescent Health, Royal Children's Hospital,  
50 Flemington Road, Parkville VIC 3052  
Fax: 9345 4363      Email: meagan.hunt@rch.org.au      Call: 9345 6916

**DATE of referral:** \_\_\_\_\_

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## Details of Young Person

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_ RCH UR# (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School & Year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Ph: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Ph: \_\_\_\_\_

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## Nature of Illness

Current Medical Condition/s: \_\_\_\_\_

Symptoms & how young person is affected (incl. phys/pysch/socially/family/school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital/Health Care system linked with: \_\_\_\_\_

Other information: \_\_\_\_\_

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## Referring Health Professional's Information

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_

Organisation/Dept. Name: \_\_\_\_\_

Organisation/Dept. Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Health Professional (if applicable): \_\_\_\_\_ Ph: \_\_\_\_\_

a) Please initial if you give consent to be contacted prior to, during and/or post this young persons involvement in the ChIPS program if the program staff should need your assistance, guidance or support.

**Initials:** \_\_\_\_\_

b) Please initial if the young person and their parent/guardian are aware that you are referring the young person to the Chronic Illness Peer Support program.

**Initials:** \_\_\_\_\_

c) Please initial if you believe the young person you are referring wants to be involved in and would benefit from the Chronic Illness Peer Support program.

**Initials:** \_\_\_\_\_