



### Court Order

Is there a Legal Court Order in Place?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Order Type:	<input type="checkbox"/> Temporary Assessment Order	<input type="checkbox"/> Interim Accommodation Order	<input type="checkbox"/> Family Preservation Order	<input type="checkbox"/> Family Reunification Order	
	<input type="checkbox"/> Care by Secretary Order	<input type="checkbox"/> Long-Term Care Order	<input type="checkbox"/> Permanent Care Order	<input type="checkbox"/> Undertaking	
Describe the Orders Timeframe:					
Describe any Access Restriction:					

### Primary Carer and Legal Guardian Details

#### Primary Carer

*Primary Carer is the adult who the client mostly lives with.*

Title:	
Legal Surname:	
Legal First Name:	
Residential Address:	
Contact Number:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to client (e.g. parent, grandparent, foster carer)	
Email:	

#### Legal Guardian

*Legal Guardian is the adult who has legal parental responsibilities.*

Role:	
Title:	
Legal Surname:	
Legal First Name:	
Address:	
Contact Number:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to client (e.g. parent, DFFH worker)	
Email:	

### Department of Family, Fairness and Housing (Child Protection)

Name	Email	Telephone Contact
Does the client have a cultural safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Education

Name of school or day care:	
Name of best contact person at the school:	
Mobile and email for contact:	
Student's current year level:	

### Case Manager (e.g. VACCA, OzChild, Anglicare, etc.)

Agency	Name	Email	Telephone Contact

### General Practitioner Doctor (GP)

Doctor's Name	Medical Practice Name:	
Postal Address:		
Suburb:		
State:	Postcode:	
Telephone Number:		
Medicare Card Number:	Reference Number on Card:	

**Referee's Details**

Organisation:	
Legal Surname:	
Legal First Name(s):	
Email Address:	
Postal Address:	
Contact Number:	
<p>By sending this completed referral form, I certify that I have discussed this with the child's guardian and carer.</p>  <div> <div> <hr/> Signature of the referee </div> <div> <hr/> Date signed </div> </div>	

Please submit this completed form to [healthykoorikids@monashhealth.org](mailto:healthykoorikids@monashhealth.org), along with the following documents:

- ☐ 715 GP Health Assessment (most recent)
- ☐ Consent to Share Information (click this [link](#) for this form)
- ☐ Legal /Court Documentation
- ☐ Cultural Care Plan

For more information, visit Healthy Koori Kids webpage by either using the QR code or by clicking the link below:



**Aboriginal Health Paediatrics**  
**HEALTHY KOORI KIDS**

