MONASH HEALTH
CHILD HEALTH REFERRAL TOOL
Referral Email Address:
referrals.childandfamily@monashhealth.org

Phone: 8572 5631 (Option 3)

Reset Form

UR:
Patient Name:
DOB:
Sex:
Address:
Mobile:
Family Email:

REFERRER DETAILS:

Referrer Name:		Referral Date:	
Address:			
Email Address:		Contact Number:	

ELIGIBILITY:

Does the child have any formally diagnosed developmental condition? (e.g. Cerebral Palsy, Asperger's, Autism, ID, global developmental delay)	Yes	No
Has the child been referred to or are they receiving services from NDIS/Early Childhood Intervention? **Yes = not eligible for community C&F services. Advise of NDIS C&F service	**Yes	No
Has the child commenced primary school? **Yes = not eligible for Developmental Screen or Speech Therapy. Is eligible for other disciplines OT until 12 years, Physiotherapy, Podiatry, Dietetics until 18 years, Psychology & Counselling until 14 years	**Yes	No
If a parent is on a student visa, not eligible for our service	Yes	No
If out of catchment, referral should be re-directed to the family's local community health service	Yes	No

PRIORITY

☐ URGENT ☐ ROUTINE

Tick all relevant criteria:

- ☐ Homelessness or at risk of homelessness
- ☐ Current/present risk of family violence
- ☐ Refugee / Asylum Seeker
- ☐ Visa Status:
- ☐ Aboriginal and/or Torres Strait Islander
- ☐ Child Protection, Child FIRST, Out of Home Care
- ☐ Current Court Order?
- ☐ Copy of Court Order provided?
- ☐ Current medicare card?

INCOME LEVEL:

The Child & Family Program is part of Monash Health Community which provides services for children and families. Your annual combined household income will determine the cost of services you receive from our Program.

Family (1 Child)	Family (2 Child)	Family (3 Child)	Family (4 Child)
Less than $66,009 Low Fee	Less than $72,215 Low Fee	Less than $78,421 Low Fee	Less than $84,627 Low Fee
Between $66,009 - $118,546 Medium Fee	Between $ 72,215 - $124,752 Medium Fee	Between $78,421 - $130,958 Medium Fee	Between $ 84,627 - $137,164 Medium Fee
More than $118,546 High Fee	More than $124,752 High Fee	More than $130,958 High Fee	More than $137,164 High Fee

☐ Health Care Card ($0 cost)	☐ Low income - $10 per session	☐ Mediumincome - $10 per session	☐ High income - $100 per session

CONSENT:

Are the parents / carers / other aware of the referral?	Yes	No	Do they consent to the referral to Service?	Yes	No
Ifno,reason?					

FAMILY:

PrimaryCaregiver	Name:	Gender:	Occupation:
	Email:	Phone:	Relationship:
Other Caregiver	Name:	Gender:	Occupation:
	Email:	Phone:	Relationship:
Living Arrangements	Who lives in the house? (parents, grandparents, siblings)		
Siblings	No. of siblings:		Age of siblings:
Language Spoken	Child: ☐ English ☐ Other Specify:		Parent: ☐ English ☐ Other Specify:
Interpreter Required?	☐ Yes ☐ No		Language required:

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MEDICAL:

MainArea of Concern:		Is the child becoming frustrated by their difficulties? ☐ Yes ☐ No If yes, provide details:
Medical History:	☐ Prematurity: How many weeks?	
	☐ Tube feeding (NGT/PEG):	
	☐ Cardiac/respiratory/endocrinology history:	
	Other medical:	
Family History / Social History:		**Allergies:** ☐ Yes ☐ No Reaction: Please select Severity: Please select Details:

Vision	Does the child have any vision difficulties?	☐ Yes ☐ No	If yes, please outline:
Hearing	Date of last hearing test	☐ Yes ☐ No	Results
	Permanent hearing loss diagnosed? Requiring hearing aid or cochlear implant?	☐ Yes ☐ No	If yes, eligible for NDIS
	Grommets inserted?	☐ Yes ☐ No	Date inserted:

Other Services involved:

Please tick all services currently or previously involved with your child:

☐ Maternal & Child Health	☐ Paediatrician	☐ None of the above
☐ Day Care/Family Day Care	☐ Medical Specialist (e.g., ENT):	☐ Other: (specify)
☐ Playgroups and/or support groups	☐ Private Therapy (speech, OT, counselling etc.)	
☐ Other: (e.g. audiologist) please specify	☐ Early Childhood Intervention services (NDIS/ECIS/ECEI)	

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Development	Can your child…	YES	NO	Comments
Speech	Expressive Language difficulty	☐	☐	
	Receptive Language difficulty	☐	☐	
	Articulation/Speech Sound difficulty	☐	☐	
	Stuttering	☐	☐	
	Feeding difficulty	☐	☐	
	Social-Communication (including selective mutism)	☐	☐	
Occupational Therapy	Fine Motor	☐	☐	
	Cognition	☐	☐	
	Toileting	☐	☐	
	Self -care	☐	☐	
	Gross Motor	☐	☐	
Physiotherapy	Plagio	☐	☐	
	Talipes	☐	☐	
	Developmental milestones (not rolling or sitting on time)	☐	☐	
	Orthopaedic / Musculoskeletal Concern	☐	☐	
	Pain affecting Function (please specify where)	☐	☐	
	Pain not affecting function	☐	☐	
	No Pain	☐	☐	
Dietician	Feeding	☐	☐	
	Fussy Eating	☐	☐	
	Enteral Feeds	☐	☐	
	Nutrition issue (including allergies or Nutrient deficiencies)	☐	☐	
	Overweight	☐	☐	
	Other	☐	☐	
Podiatry	Skin and nail infection	☐	☐	
Counselling / Psychology	Anxiety and Depression	☐	☐	
	Behaviour / Cognition	☐	☐	
	Bereavement	☐	☐	
	Other	☐	☐	

Referrer Name:		Designation:		Date:

CHILD HEALTH REFERRAL TOOL (Page 3 of 3)