

Referral Email Address:

referrals.childandfamily@monashhealth.org

Phone: (03) 8572 5631 (Option 3)

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	Medium income - \$10 per session	High income - \$100 per session
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CONSENT:

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

FAMILY:

Primary Caregiver	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:

Main Area 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: Severity:

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: