

MONASH HEALTH

CHILD HEALTH REFERRAL TOOL

Referral Email Address:
referrals.childandfamily@monashhealth.org

Phone: (03) 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
No fee

Low income -
No fee

Medium income -
\$10 per session

CONSENT:

Are the parents / carers / other aware of the referral?

Yes

No

Do they consent to the referral to Service?

Yes

No

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: 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: