



Children's Development Team

Referral Form - CONFIDENTIAL

Use this form to refer children to OCCUPATIONAL THERAPY, PHYSIOTHERAPY & SPEECH PATHOLOGY SERVICES from birth to school leaving (0 to 18 years).

Child's surname _____ Child's given name/s _____

Date of birth _____ Sex M/F Age _____ HRN _____

Parent/guardian _____ Relationship to client _____

Address _____ A/H phone _____

_____ B/H phone _____

_____ Mobile phone _____

_____ Email address _____

Childcare/preschool/school _____

Carer/teacher/contact person _____

Phone _____

Year level _____

Ethnicity Aboriginal/Torres Strait Islander Other _____

Home language _____ Interpreter required Yes/No

Referring agent _____ Phone _____

Agency name _____ Relationship to child _____

Requested Services

- Reason for referral _____
- _____
- _____
- Occupational Therapy
 - Physiotherapy
 - Speech Pathology

Existing Documentation

It would be of benefit to your child if you attach any information gained from other professionals eg. intervention first documentation, paediatrician and/or therapist reports, or specialist assessments such as hearing and vision (please include reports completed interstate). Please list documentation provided.



Client name _____ DOB ____ / ____ / ____

Other people/services involved

Please indicate with a tick if your child is being seen by other agencies/professionals or has been in the past. Please state names

- Doctor/GP
Behaviour management
Early intervention advisory teacher
Carpentaria Disability Services
Community care centre
Family and Children's Services
Hearing services
Occupational Therapist
Paediatrician
Private services
Physiotherapist
Psychologist/guidance officer
Speech Pathologist
Special education advisory teacher
Vision/optometrist
Inclusion support assistant
Childcare service
Other

Please note

Referrals will not be accepted unless all sections are complete and the relevant consent options signed by the parent/guardian

Schools

- Have you completed and attached your checklists?
Is the parent/guardian consent form signed?
Has the Principal signed the consent form?

Please forward completed referral to

Children's Development Team
PO Box 40596, Casuarina NT 0811
1st Floor, Casuarina Plaza
Trower Road, Casuarina
T. 08 8922 7283
F. 08 8922 7399

Office use only

Received ____ / ____ / ____

Client ID _____

Client name _____ DOB ____ / ____ / ____

Parent/Guardian signatures

Option 1 Full consent

I consent for the Children's Development Team to assess my child's development.

I consent to medical and educational information from other agencies to be obtained by the Children's Development Team that is considered relevant to the assessment of my child. This could include medical reports, hearing and vision assessments and any other relevant allied health, education or early intervention reports. This information will be used by the Children's Development Team to form a complete picture of my child's development.

I consent to assessment results and reports gained by Children's Development Team to be made available to relevant professionals/agencies. This could include audiologists, doctors, paediatricians, Student Services Branch, childcare centres, preschools/schools and other relevant allied health professionals/agencies.

Signed _____ Date _____

Print name _____ Relationship to child _____

Witness _____ Date _____

Print name _____

Option 2 Partial consent

I consent for the Children's Development Team to assess my child's development based on the following terms:

1. The Children's Development Team may only obtain medical and educational information regarding my child from the following people/agencies

2. The Children's Development Team may only release assessment results and reports to the following people/agencies

Signed _____ Date _____

Print name _____ Relationship to child _____

Witness _____ Date _____

Print name _____

For children attending primary and secondary schools

Principal's (or delegate) signature

I hereby verify that all elements of this document have been explained to the above signed parent/guardian.

I support the process of assessment and intervention by the Children's Development Team in order to assist this child to reach his/her potential.

Signed _____ Date _____

Print name _____ Relationship to child _____

Witness _____ Date _____

Print name _____