

WARATAH for Kids referral form

Form completed by:			Date completed:	
Requested service	<input type="checkbox"/> Speech Pathology	<input type="checkbox"/> Occupational Therapy		
Other services (add other services that may require, eg psychologist, dietitian):				

Child details				
Legal first name:		Legal surname:		
Preferred name:	Date of Birth:	Gender:	Pronouns:	
Culture (select all that apply)	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Other (please specify)	
Address:			Suburb:	
Postcode:	Phone:	Email:		
Guardian/Carer details:				
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Public guardian <input type="checkbox"/> Other				
Name:		Preferred contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Both		
Phone:		Email:		
Other contacts (Preschool/day care/school):				

Consent to contact using information on this form to organise appointments or capture more information.	
Provided by:	Date:
<input type="checkbox"/> Verbal consent <input type="checkbox"/> Consent to SMS <input type="checkbox"/> Written consent (attach to this form) <input type="checkbox"/> Consent to Email	

Do you need communication assistance? Eg Interpreter, communication device	<input type="checkbox"/> Yes (please describe)
	<input type="checkbox"/> No

Reason for this referral to the Multidisciplinary clinic:

List developmental concerns and or delays:

Why do you feel they need screening by Speech Pathology / Occupational Therapy?

Relevant case history:

Please include relevant medical or allied health reports.

Please ask the family these questions:

Is the child on the NDIS or Early Childhood Approach	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, the child is NOT eligible for the program</i>
Has the child seen at OT in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, the child is NOT eligible for an OT screen</i>
Has the child seen a Speech Pathologist in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, the child is NOT eligible a SP screen</i>
Is the Ages and Stages Questionnaire complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please attach and send to: waratahforkids@marathonhealth.com.au If no, refer to Family and Child Health OR/ use the blue book. Learn the Signs. Act Early</i>

Administration only	Date
Date received	
Date initial intake completed	
Date of MDT clinic appt	