Flying Start Mudgee Therapy referral form

Flying Start Mudgee is a free allied health program in your community. We have a Speech Pathologist and Occupational Therapist who can provide assessment and intervention to individual children and with families to help children thrive.

## Who is eligible?

* Children aged 0-7 who need help meeting developmental milestones (eg talking, playing, toileting)
* Children who are living in or accessing services in the Mudgee region

## Accessing the program

Complete the referral below and email to FlyingStartMudgee@marathonhealth.com.au or head to **marathonhealth.com.au/flying-start-mudgee** to complete the referral online.

If you need help completing the referral form or have questions about making a referral, contact our Clinic Coordinator on 0419 740 768.

|  |  |  |  |
| --- | --- | --- | --- |
| **Form completed by** |  | **Date completed** |  |
| **Requested service** | [ ]  Speech Pathology [ ]  Occupational Therapy |

|  |
| --- |
| **Child details** |
| Legal first name: | Legal surname: |
| Preferred name: | Date of Birth: | Gender: | Pronouns: |
| Culture  |  ☐ Aboriginal ☐ Torres Strait Islander ☐ Other (please specify) |
| Country of birth:  | Language spoken at home:  |
| Address: | Suburb: | Postcode: |

|  |
| --- |
| **Guardian/Carer details** |
| [ ]  Parent [ ]  Guardian [ ]  Carer [ ]  Public guardian [ ]  Other |
| Name: | Preferred contact: | [ ]  Phone | [ ]  Email | [ ]  Both |
| Phone: | Email: |

|  |
| --- |
| **School/childcare centre attendance details** |
| School, preschool or childcare centre name:  |  |
| Days attended: [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday |
| Teacher name (if known):  |  |

|  |
| --- |
| **GP details** |
| GP name: |
| GP Practice:  | [ ]  Mudgee Medical Centre [ ]  South Mudgee Surgery [ ]  Other *(please specify)* |

|  |
| --- |
| **Consent**  |
| I give consent for my child to access the Mudgee Flying Start service | [ ]  Yes [ ]  No |
| I give consent for the Mudgee Flying Start team to talk to other professionals and people involved in my child's life to get information needed for the appointment | [ ]  Yes [ ]  No |
| Provided by: | Signed: | Date: |

|  |
| --- |
| **Do you need communication assistance? Eg Interpreter, communication device** |
| [ ]  Yes *(please describe)* | [ ]  No |

|  |
| --- |
| **Reason for referral to the Flying Start Mudgee clinic:**List developmental concerns or delays |

**Please ask the family these questions**

|  |  |
| --- | --- |
| **Is the child on the NDIS or Early Childhood Approach?**  |  [ ]  Yes [ ]  No |
| **Has the child seen an Occupational Therapist (OT) in the last 12 months?** |  [ ]  Yes [ ]  No |
| **Has the child seen a Speech Pathologist in the last 12 months?** |  [ ]  Yes [ ]  No |