

WARATAH for Kids referral form

Form completed by:				Date completed:	
Requested service	<input type="checkbox"/> Speech Pathology	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Paediatric health linker		
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:			
Language spoken at home:		Country of birth:			
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"/> Email <input type="checkbox"/> Text message <input type="checkbox"/> Phone call			
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 or a Paediatric health linker?

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	If Yes, the child is NOT eligible for the program
Has the child seen at OT in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, the child is NOT eligible for an OT screen
Has the child seen a Speech Pathologist in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, the child is NOT eligible for an SP screen
Is the Ages and Stages Questionnaire complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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

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