Flying Start Mudgee Paediatrician referral form

Flying Start Mudgee is a free Paediatrician clinic in your community. The clinic is a holistic assessment program for children with neurodevelopmental differences, where your child will have assessment with an allied health team and a Paediatrician to assist with a diagnosis and referral pathways for ongoing supports.

## Who is eligible?

* Children aged 0-7 who have developmental or behavioural concerns (not for medical concerns)
* Children who are living in or accessing services in the Mudgee region
* Children who are not already engaged with another Paediatrician

## Accessing the program

Complete the referral below and email to [FlyingStartMudgee@marathonhealth.com.au](mailto: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.

**Please note:** You will need to request a referral letter from your GP referring the child to Dr Tim McCrossin at the Flying Start Mudgee Paediatric Clinic.

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| **Form completed by** |  | **Date completed** |  |

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| **Child details** | | | | | | | | | |
| Legal first name: | | | Legal surname: | | | | | | |
| Preferred name: | Date of Birth: | | Gender: | | | | | Pronouns: | |
| Culture  *(select all that apply)* | ☐ Aboriginal ☐ Torres Strait Islander ☐ Other (please specify) | | | | | | | | |
| Address: | | | | | Suburb: | | | | |
| Postcode: | Phone: | | Email: | | | | | | |
| Medicare Card Number: | | | | | | Child’s position on card: | | | |
| **Guardian/Carer details** | | | | | | | | | | |
| ☐ Parent ☐ Guardian ☐ Carer ☐ Public guardian ☐ Other | | | | | | | | | | |
| Name: | | Preferred contact: | | ☐ Phone | | | ☐ Email | | ☐ Both | |
| Phone: | | Email: | | | | | | | | |

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

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| **GP details** |
| GP name: |
| GP Practice: ☐ Mudgee Medical Centre ☐ South Mudgee Surgery ☐ Other *(please specify below)* |
| GP Details (if Other selected above) |
| **Please note:** You will need to request a referral letter from your GP referring the child to Dr Tim McCrossin at the Flying Start Mudgee Paediatric Clinic. |

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| **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: |

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

*List developmental concerns or delays*

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

**Please ask the family these questions**

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| **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 |