

Flying Start Mudgee referral form

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

Who is eligible?

Paediatrician

- 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

Allied Health

- 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	<input type="checkbox"/> Speech Pathology	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Paediatrician		
Child details					
Legal first name:			Legal surname:		
Preferred name:	Date of Birth:	Gender:	Pronouns:		
Culture <i>(select all that apply)</i>					
<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Other (please specify)	
Address:				Suburb:	
Postcode:	Phone:	Email:			
Country of birth:			Language spoken at home:		
Medicare number:			Position on Card	Expiry:	

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:

School/childcare centre attendance details	
School, preschool or childcare centre name:	
Days attended:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Teacher name (if known):	

GP details	
GP name:	
GP Practice:	<input type="checkbox"/> Mudgee Medical Centre <input type="checkbox"/> South Mudgee Surgery <input type="checkbox"/> Gulgong Medical Centre <input type="checkbox"/> Other (<i>please specify</i>)

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

Reason for referral to the Flying Start Mudgee clinic:
<i>List developmental concerns or delays</i>

Please ask the family these questions

Is the child on the NDIS or Early Childhood Approach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the child seen an Occupational Therapist (OT) in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the child seen a Speech Pathologist in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the child seen a paediatrician in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Marathon Health –Flying Start Mudgee

Client Consent Form

Your Privacy and Personal Information

Marathon Health takes your privacy seriously.

Marathon Health follows the Privacy Act 1988 and related privacy laws. This means:

- Any personal or health information about you is kept confidential
- Information shared with Marathon Health is only used to support your care
- Your information is only shared with health professionals involved in your care
- Sometimes we must share information because the law requires us to, such as for a court order (subpoena) or a child protection request (Chapter 16A)

Client Consent - Your Agreement

By signing below, I understand and agree that:

- My/my child's personal and health information may be collected, used, and shared with relevant health providers involved in my care
- Information may be used to help improve Marathon Health programs that does not identify my child or myself. This information may be shared with funding bodies or used internally.
- Information is kept securely and I can ask to see it at any time
- Information may be shared if required by law (for example, a court order or child protection law)
- Marathon Health can confirm Medicare concessions are available for bulk billing

I also agree that my health information may be shared with the people at my child's school and the GP.

Child's Name:	Child's DOB:
Parent/Guardian Name:	
Parent/Guardian Signature:	Date: