

Child Health Team Referral Form



Your Healthcare
Your Way

Who we are

The Child Health Team at DPV Health consists of Speech Pathology, Occupational Therapy and Physiotherapy.

We provide services to children who are **experiencing difficulty with mainly one area of development, yet have typical development in other areas.**

Parent/Carer consent

Parent/Carer consent is required to complete this referral. Consent was obtained via:

☐ Parent/Carer verbal consent

☐ Parent/Carer signature: _____

Child details

Full name: _____

Date of birth: _____ Age: _____ Gender: _____

Address: _____

Please tick if the child identifies as: ☐ Aboriginal or Torres Strait Islander ☐ Refugee or Asylum Seeker

Parent/Carer 1: Details

Full name: _____

Relationship to child: _____

Phone: _____

Email: _____

Language/s spoken at home: _____

Interpreter required: ☐ Yes ☐ No

Language of interpreter: _____

Parent/Carer 2: Details

Full name: _____

Relationship to child: _____

Phone: _____

Email: _____

Referrer details

Person completing referral: _____

Position: _____ Organisation: _____

Phone: _____ Email: _____

Date of referral: _____

Family's preference for location of appointment: ☐ Hume LGA ☐ Whittlesea LGA ☐ Either

You can send this
form back to us via:



Email
intake@dpvhealth.org.au



Post
Intake Team, DPV Health, PO Box 58, Epping, 3076

Please complete all sections (A, B and C) to ensure this referral is processed by our team.
If there are blank sections, it will be returned to you for completion.

Section A

Tell us in your own words why you are referring this child: _____

Section B

Please indicate the Child Health Team service you are referring the child to:

☐ **Speech Pathology**

Eligibility: Children up to school entry age

☐ **Occupational Therapy**

Eligibility: Children up to 8 years of age

☐ **Physiotherapy**

Eligibility: Children up to 12 years of age

Please tick areas of concern

- ☐ Communicating needs
- ☐ Lack of single words
- ☐ Combining 2+ words
- ☐ Sentence structure/using correct grammar
- ☐ Unclear speech
- ☐ Speech sounds
- ☐ Following instructions
- ☐ Stuttering
- ☐ Voice concerns

Please tick areas of concern

- ☐ Climbing/jumping/holding a pencil (motor skills)
- ☐ Dressing/toileting (independence)
- ☐ Drawing/copying/writing (visual perceptual skills)
- ☐ Sensitivities/seeking behaviours with sound touch or movement (sensory processing)
- ☐ Play skills
- ☐ Attention and concentration

Please tick areas of concern

- ☐ Neck/Head control
- ☐ Sitting/Crawling
- ☐ Walking/Running
- ☐ Jumping/Hopping
- ☐ Infant neurodevelopmental assessment
- ☐ Plagiocephaly/Torticollis
- ☐ Positional talipes
- ☐ Limping/Intoeing/Toe walking
- ☐ Sports injuries
- ☐ Post-surgery/Fracture

Section C

Has the child's hearing been assessed the past 12 months.

☐ Yes ☐ No

Location and results: _____

If not, would you like a referral to be made to our Audiology service for a hearing assessment?

☐ Yes ☐ No

Please tick if the child is involved with another service or on the waiting list for another service?

- ☐ NDIS/Early Intervention
☐ Paediatrician:

- ☐ Craigieburn Health Service
☐ Other:

Has the Maternal Child Health Nurse administered a Brigrance Assessment with the child?

- ☐ Yes – please provide child's score and attach assessment

☐ No

If there are other DPV Health Services you would like to refer this child to (eg. Dietetics, Counselling) please call **1300 234 263** (select option 4)

PLEASE NOTE: The DPV Health Child Health Team provide services to children who are experiencing difficulty with mainly **one area of development** yet have typical development in other areas. Children experiencing needs/concerns in **two or more areas of their development**, require a specialist Early Childhood Early Intervention service (ECEI) which is supported by the National Disability Insurance Scheme (NDIS). Please apply for NDIS support via BSL.CUSTOMERSERVICE@ndis.gov.au or on 1300 BSL ECEI (1300 275 323).

Should you make a referral to NDIS for this child, and they are deemed ineligible for ECEI/NDIS, we encourage you to contact us, and we will reinstate their place on our waitlist at their original referral date to NDIS (with supporting letter from BSL).

You can send this form back to us via:



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