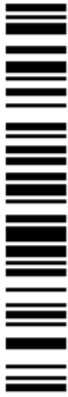
Government of **Western Australia**
WA Country Health Service



Child Development Service Referral Form

Please provide detailed information to allow us to process the referral. Referrals with insufficient detail will be returned for further information.

Child details

Surname: ________________________________ Given name: ____________________________________

Date of birth: ____________________ Other names known by: ____________________________________

Gender: ☐ Female ☐ Male ☐ Other UMRN (if known): ____________________________________

Home address: ____

____ Post code: __________________

Is the child of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Medicare eligible: ☐ No ☐ Yes Medicare card number:_____________Child's card ref: ___Expiry: ________

Name of School/Child care: ____ Year level: _______

Parent/legal guardian details

Is this child in the care of the Department of Communities? ☐ No ☐ Yes District office: ________________

(If yes, the Case Worker's details must be provided in the 'Legal guardian 1' section.)

Are there any Family Court Orders in place? ☐ No ☐ Yes

Legal guardian 1:

Name: ____ Relationship to child: _______________

Telephone: _____________________________ Email: ____

Postal address: ____

Preferred contact method:

Interpreter required: ☐ No ☐ Yes Language: ____

Legal guardian 2 (if applicable):

Name: ____ Relationship to child: _______________

Telephone: _____________________________ Email: ____

Postal address: ____

Consent for referral.

Person referring:

☐ Parent/legal guardian. *Go to 'Referrer details' and then to page 2.*

☐ Other. *Complete 'Consent for referral', then go to 'Referrer details' and then to page 2.*

If you are not the child's parent/legal guardian, you must have their consent to refer this child to WACHS Child Development Services. A referral cannot be accepted without legal guardian consent.

I have discussed the reason for referral with the parent/legal guardian ___________________________ and provided information on WACHS Child Development Services (CDS).

The parent/legal guardian (as above) has provided consent for this referral to WACHS CDS and for CDS to communicate with me (as the referrer) about this referral.

Referrer signature:____ Date of consent: ____________

Referrer details

Name of referrer: ____ Profession: ______________________

Telephone: ________________ Email for future correspondence: ___________________________________

Postal address: ____

Date referral completed: _____________

Do not write in margin

Child's surname:__________________________ Given name:______________________ DOB: __________

Reason for referral

(If you need more space for your responses below, please attach a separate document.)

Please tick all developmental concerns that apply:

☐ Eating ☐ Talking ☐ Understanding ☐ Movement ☐ Hand Skills ☐ Social/Play ☐ Hearing concerns
☐ Other: ____

Please detail how these concerns affect this child, or impact on their routines at home/child care/school.

Discuss this referral with the child's parent/legal guardian and document their **main** concern.

Please provide any other relevant information (e.g. medical background/diagnosis, social/cultural information, transport needs, services involved).

Has the child received services (previously or currently) from another agency for the concerns you have highlighted (e.g. NDIS, non-government organisation, metropolitan Child Development Service)?

☐ No ☐ Yes ☐ Not sure If yes, please list: ____

____

Will any supporting documentation be attached to this referral (e.g. reports, observations, checklists, plan)?
☐ No ☐ Yes If yes, please list: ____

____

Submit the referral

- Please include only one child's referral per attachment i.e. do not submit referrals for more than one child within one attachment.
- Ensure you have discussed this referral with the parent/legal guardian and that you have their consent to make the referral.
- Refer to the WACHS Child Development Services Directory for contact details to submit the referral: www.wacountry.health.wa.gov.au/childdevelopment
- Send the completed referral form to the relevant WACHS Child Development Services team.

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