

Information

The Child Health Team includes speech pathology, occupational therapy and audiology (hearing).

The **speech pathologists** and **occupational therapists** see children:

- who are experiencing difficulty with mainly one area of development and have typical development in other areas
- from birth until they start school (referrals close on the 30th of June for children attending school the next year)
- who live or go to childcare or kindergarten in the Merri-bek area
- who do not have an NDIS plan or have not been referred to NDIS
- who do not have a diagnosed disability or developmental delay e.g. Autism Spectrum Disorder, Down Syndrome, diagnosed permanent hearing loss
- who do not have significant delays in multiple areas of their development

The **audiologist** sees all children from birth to 18 years, without a diagnosed permanent hearing loss and / or hearing aids.

If this child has more significant delays in their development, please refer directly to the **National Disability Insurance Scheme (NDIS) Early Childhood Early Approach (ECA)** at eci.access@bsl.org.au or on 1300 BSL ECEI (1300 275 323).

Child & family details

Full Name:

Date Of Birth:
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Gender:

Address:

Country of birth:

Australian citizen: Yes No

Languages used at home:

Interpreter required: Yes No

Aboriginal / Torres Strait Islander: Yes No

Refugee / Asylum Seeker: Yes No

Any recent changes to family life (e.g. parental separation, birth of another child, serious illness) or significant medical history?

No Yes

Are there any court orders/custody arrangements for this child? Yes No

Is this child homeless or at risk of homelessness? Yes No

Child & family details

Parent/caregiver 1

Full name:

Address:

Phone:

Email:

Relationship to child:

Parent/caregiver 2

Full name:

Address:

Phone:

Email:

Relationship to child:

GP Information

GP name:

Phone:

Address:

Referrer information

Date of referral:
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Name of person completing referral:

Role: Organisation:

Address:

Phone: Email:

Service(s) required

Please tick the service(s) you would like to refer this child to

Speech Pathology Occupational Therapy Audiology (hearing)

Other services / activities

Is the child currently involved with or on the waiting list for another service? Please tick all that apply:

Maternal & Child Health Paediatrician

NDIS / Early Childhood Approach Private allied health

Other

Programs (e.g. kinder/childcare/playgroup/HIPPY/sport):

When will this child start school?

Developmental milestones

At what age did this child develop the following skills?

Babbling (e.g. baba,dada)	<input type="text"/>	Saying single words	<input type="text"/>	Joining 2-3 words	<input type="text"/>
Sitting	<input type="text"/>	Walking	<input type="text"/>	Toilet trained	<input type="text"/>

Reason for referral

Tick all areas of difficulty or concern. Please consider all areas of development

Talking & listening

- Speech sounds / clear speech
- Understanding instructions
- Using words
- Using sentences
- Stuttering
- Voice quality

Comments/other:

Daily life activities (independence)

- Dressing
- Toileting
- Eating or drinking
- Sleep (including snoring)
- Growth & weight

Comments/other:

Fine motor (small movements of hands)

- Grasping small items
- Holding a pencil / crayon
- Using scissors
- Using two hands together
- Drawing/colouring
- Copying shapes and letters

Comments/other:

Gross motor (whole body movements)

- Sitting
- Crawling
- Walking
- Jumping
- Climbing
- Ball Skills
- Balance
- Co-ordinated movement
- Walking on toes

Comments/other:

Sensory

- Sounds or noises
- Vision
- Eating
- Touch / texture

Comments/other:

Play & social development

- Taking turns
- Sharing
- Pretend play
- Eye contact
- Playing with other children
- Interacting with others
- Occupying self in play

Comments/other:

Behaviour & emotions

- Tantrums or outbursts
- Fears
- Expressing feelings
- Learning
- Attention /concentration
- Calming self
- Coping with changes in routine
- Hitting or hurting others or self

Comments/other:

Main area of concern

Child Health Team – Referral Form

Parent / caregiver consent

Parent / caregiver name:

Parent / caregiver signature: Date
D D M M Y Y

If you are not a parent/guardian of this child, please confirm that you have discussed this referral with the child's parent/guardian and have obtained verbal consent. Yes

Fee information



Fees apply to our service (based on household income).

Tick your family income:	<input type="checkbox"/> Low or Health Care Card	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Family income (1 Child) (plus \$6,206 per additional child)	Less than \$66,009	Between \$66,009-118,546	More than \$118,546
Fee per individual session (speech pathology, occupational therapy)	\$5	\$15	\$100
Fee per individual session (audiology)	\$5	\$15	\$15

Please return this completed form and any relevant documentation (including Brigance results) to our Service Access team



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Service.Access@merrhealth.org.au



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