INDIVIDUAL REFERRAL FORM

Date:____/____/_____ Centre:

CHILD DETAILS

First Name/s: _____ Surname:_____

Date of Birth: ___/___/_____ Gender: ☐ F ☐ M

Address: _____ Suburb: _____ Postcode: _____

Postal address:_____ Suburb: _____ Postcode: _____

Current school status: ☐ Not attending ☐ Childcare ☐ Pre-prep ☐ School

Does Child receive assistance at School? ☐ Yes ☐ No

School/Childcare: _____ Year Level (if applicable): _____

Country of Birth: _____ Language/s Spoken:_____

☐ Aboriginal ☐ Torres Strait Islander Interpreter Required? ☐ YES ☐ NO

☐ Non- Indigenous ☐ ATSIC ☐ Other: _____

PARENT/CARER DETAILS

PARENT/CARER 1 (Primary)

First Name/s: _____ Surname:_____

Date of Birth: ____/____/_____ Gender: ☐ F ☐ M Occupation:_____

Address: _____ Suburb: _____ Postcode: _____

Home:_____ Work:_____ Mobile:_____

Email:_____

PARENT/CARER 2 ☐ Address as above

First Name/s: _____ Surname: _____

Date of Birth: ____/____/_____ Gender: ☐ F ☐ M Occupation:_____

Address: _____ Suburb: _____ Postcode: _____

Home:_____ Work:_____ Mobile:_____

Email:_____

CHILD'S LIVING ARRANGEMENTS

Who does the child live with? ☐ Mother ☐ Father ☐ Both ☐ Other:_____

Please list other people living in the home:

Name	*Age*	*Relationship to child*	*Occupation / School Year*

SUMMARY OF CHILD'S RELAVENT HISTORY	
DEVELOPMENTAL • *Developmental history (e.g. Learning difficulties, ASD, ADHD)*	_____ _____ _____ _____ _____
MEDICAL • *Medical history (e.g. major illnesses/ surgeries) & recent treatment history*	_____ _____ _____ **Has your child received a diagnosis of any disorder, disability or syndrome?** ☐ Yes, please provide details _____ _____ _____ **Does your child take regular medication?** ☐ Yes, please provide details _____ _____
PSYCHOLOGICAL • *Previous assessments completed*	_____ _____ _____
SOCIAL AND INTERPERSONAL • *e.g. ability to get along with others, at home, school/kindy, etc*	_____ _____ _____
FAMILY • *Relevant family history*	_____ _____ _____
OTHER SERVICES INVOLVED WITH FAMILY (i.e. GP, Paediatrition, School/child care centre, CYMHS, Dept of Child Safety, Centacare, DSQ, private allied health, other)	☐ Yes, please provide details _____ _____ _____

SECTION 1

Please describe the main area of concern for your child and why you wish to access a service from BUSHkids?

_____

_____

_____

_____

SECTION 2

Do you have concerns for your child's communication?

Please circle answer: Greatly concerned / Some concerns / No concerns

If concerned, complete the following section.

Please tick if there is a concern and describe in detail the presenting issue:

☐ Yes	Understanding Language (For example: following directions, understanding concepts and vocabulary):
☐ Yes	Language Expression (For example: limited number of words in vocabulary; difficulty using grammatical sentences; errors with word endings; difficulties telling a story):
☐ Yes	Speech Sound Production (e.g. Difficulty with pronunciation of words, difficulty making speech sounds) : How often is your child understood by unfamiliar listeners? ☐ Most of the time (Over 80% of the time) ☐ Some of the time (Between 50-80% of the time) ☐ Little of the time (Between 20-50% of the time) ☐ None of the time (Less than 20% of the time)
☐ Yes	Fluency (Stuttering):

SECTION 3

Do you have concerns for your child's motor and sensory skills?

Please circle answer: Greatly concerned/Some concerns/ No concerns

If concerned, complete the following section.

Please tick if a concern and describe in detail the presenting issue.

☐ Yes	Fine motor skills (e.g. tool use: holding and using crayons/pencils, scissors, spoon, fork):
☐ Yes	Gross motor skills (e.g. balance, coordination, riding a tricycle/bike with/without training wheels):
☐ Yes	Sensitivity to sensory information and/or strong preference for sensory experiences (e.g. overwhelmed by crowded/noisy places; limited preferences in clothing, food; needs to move and/or touch frequently throughout their day):

SECTION 4

Do you have concerns for your child's independence and self-care skills?

Please circle answer: Greatly concerned/Some concerns/ No concerns

If concerned, complete the following section.
Please tick if a concern and describe in detail the presenting issue.

☐ Yes	Independence skills (e.g. dressing, eating, toilet training):

SECTION 5

Do you have concerns for your child's learning?

Please circle answer: Greatly concerned/Some concerns/ No concerns

If concerned, complete the following section.
Please tick if a concern and describe in detail the presenting issue.

☐ Yes	Attention and concentration:
☐ Yes	Learning new skills/concepts:

SECTION 6

Do you have concerns for your child's social skills and play skills?

Please circle answer: Greatly concerned/Some concerns/ No concerns

If concerned, complete the following section.
Please tick if a concern and describe in detail the presenting issue.

☐ Yes	Play / Social skills (e.g. interaction with others, play and interests, sharing, turning taking):
☐ Yes	Intense or unusual interests:
☐ Yes	Making or keeping friends:

SECTION 7

Do you have concerns for your child's behaviour and emotional well-being?

Please circle answer: Greatly concerned/Some concerns/ No concerns

If concerned, complete the following section.
Please tick if a concern and describe in detail the presenting issue.

☐ Yes	Behaviour at home:
☐ Yes	Behaviour at kindy/daycare/school:
☐ Yes	Feelings and mood (e.g. sadness, anxiety):
☐ Yes	Coping with changes:
☐ Yes	General health (including sleep, diet, allergies, illnesses):

SECTION 8

Are you experiencing difficulties as a family?

Please circle answer: Greatly / Some / None

If concerned, complete the following section.
Please tick if a concern and describe in detail the presenting issue.

☐ Yes	Family Stress:
☐ Yes	Family routines:
☐ Yes	Parent coping:
☐ Yes	Parenting confidence:
☐ Yes	Family isolation:
☐ Yes	Parent-child relationships:
☐ Yes	Conflict between parents over parenting:

PARENT/CARER CONSENT

☐ I give consent to this referral

☐ I give permission for the exchange of information between BUSHkids staff and other professionals relevant to this referral

Name: _____ ☐ Parent ☐ Carer

Signed:_____ Date: _____/_____/_____

Form completed by Referrer, *e.g. teacher, GP, etc*

Form completed with / for parent / carer:	Date:
Referrer Name:	Organisation:
Contact Number:	Address:
☐ Verbal consent obtained	☐ Activated by Parent/Carer

OFFICE USE ONLY

Form completed by parent / carer and received by:	Date:
Staff Name:	Position:
Form completed via phone with parent / carer by:	Date:
Staff Name:	Position:
☐ Verbal consent obtained	☐ Activated by Parent/Carer