Queensland Government

Referral to Child Development Service

(Affix identification label here)

URN:

Family name:

THHS ID LABEL ONLY

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Kirwan Health Campus
PO Box 1596, Thuringowa Central QLD 4817
Ph: (07) 4433 9000 Fax: (07) 4433 9001

Referral **must be fully completed** to facilitate allocation to the most appropriate service

Referrer Details

Date: ..... / ..... / ..... ☐ Legal Guardian aware of referral

Source: ☐ QLD Health ☐ GP ☐ Guardian ☐ Other: .....

Name: ..... Signature: .....

Designation: ..... Provider Number: .....

Organisation: ..... Address: .....

Phone: ..... Fax: ..... Email: .....

Reason for Referral

Service: ☐ Occupational Therapy ☐ Physiotherapy ☐ Speech Pathology ☐ Other: .....

Reason:

Child's Details

Family name: ..... Given Name: ..... Sex: .....

Date of birth: ..... / ..... / .....

Residential address: .....

Postal address (if different from above): .....

School/day care: ..... Grade/Class: ..... Teacher: .....

Does the child identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Australian South Sea Islander ☐ Unknown ☐ N/A

First language English: ☐ Yes ☐ No → Interpreter required: ☐ No ☐ Yes → Language: .....

Medicare number:..... Expiry: ..... Child's number on card: .....

GP: ..... Phone: ..... Fax: .....

Specialist (e.g. paediatrician): ..... Phone: ..... Fax: .....

Name of **Legal Guardian 1:** .....

Relationship: .....

Address: .....

Phone: .....

Email: .....

Name of **Legal Guardian 2:** .....

Relationship: .....

Address: .....

Phone: .....

Email: .....

Is Child Safety involved? ☐ No ☐ Yes → attach copy of order

Officers name: ..... Phone: .....

Other family members: .....

Custody or safety concerns: ☐ No ☐ Yes → specify below

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REFERRAL TO CHILD DEVELOPMENT SERVICE

Queensland Government

Referral to Child Development Service

(Affix identification label here)

URN:

Family name:

Given name(s):

THHS ID LABEL ONLY

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Relevant Clinical Information

Diagnosed Medical Conditions/Disabilities	
Gross Motor Skills/Mobility (e.g. crawling, walking, running, jumping & coordination)	☐ No concerns
Fine Motor Skills (e.g. handwriting, cutting, fine manipulation skills)	☐ No concerns
Speech, Language & Communication	☐ No concerns
Eating, Drinking, Dressing & Toileting Skills	☐ No concerns
Learning Skills (e.g. puzzles, reading, problem solving & new skills)	☐ No concerns
Behaviour, Concentration & Distractibility	☐ No concerns
Play & Social Skills	☐ No concerns
Other Agencies or Therapy Services Accessed (e.g. private allied health, Child Youth Mental Health, Child Health)	Attach all relevant reports

Additional Information: