SAHINCO000132

Government of South Australia
Health
Southern Adelaide Local Health Network

SALHN ALLIED HEALTH/ EARLY CHILDHOOD AND FAMILY SERVICE REFERRAL (MR-ECFR)

Facility/Site: .....

Affix patient identification label in this box

SA Health UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex/Gender.....

Referrals can be faxed to Fax: (08) 8384 9727 **Phone enquiries can be directed to Phone: (08) 8384 9611**
Referrals can be emailed to: ICSEC&S.GenericMailbox@sa.gov.au

Before referring please consider if this referral may be best served by the National Disability Insurance Scheme (NDIS) see back page.

PRIORITY CLIENTS

☐ Aboriginal or Torres Strait Islander ☐ Under Guardianship of the Chief Executive

☐ Vulnerable Family

REFERRER INFORMATION

Referrer's name		Position / Discipline	
Practice Name / Agency / Department		Phone and Fax	
Address			
Email address		Date	

PATIENT DETAILS

Address			
Preferred phone		Alternative phone	
Medicare number		Expiry date	
Is an interpreter required?	☐ Yes ☐ No	Language	

PARENT/CAREGIVER DETAILS

Relationship to child			
Surname		Given names	
Phone number		Email	
Address (if different to above)			
Parent/carer signature		Verbal consent to referral ☐ Yes ☐ No	
Relationship to child			
Surname		Given names	
Phone number		Email	
Address (if different to above)			
Parent/carer signature		Verbal consent to referral ☐ Yes ☐ No	
Shared care or custody arrangements			
Childcare centre attending			
Intended preschool		Enrolled in preschool?	☐ Yes ☐ No

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REFERRAL INFORMATION

Site requested	☐ GP Plus Marion ☐ Noarlunga Village ☐ GP Plus Aldinga
Service requested	☐ Speech Pathology ☐ Occupational Therapy ☐ Psychology (note referrals are not accepted for psychology services alone but must be in association with developmental delays)
Please indicate reason for referral	☐ Concerns with using words & sentences ☐ Unable to follow instructions ☐ Speech (sounds, clarity) ☐ Stuttering (repeating sounds and words) ☐ Fussy eating ☐ Mealtime behaviour routines ☐ Play skills ☐ Child social skills ☐ Sleeping ☐ Toileting ☐ Sensory processing (over or under reacts to their environment) ☐ Movement skills ☐ Behavioural issues in association with developmental concerns ☐ Parent/child relationship and interaction ☐ Other
Other allied health or community services involved with this family	Eg. OT and Physio FMC, Paediatrician, CaFHS Physio, Strong Start
Alerts / safety issues	Eg. Home situation, domestic violence
Other relevant information	Please attached any relevant reports and information including medical history, developmental history, social information, level of vulnerability of the family, current medications, assessment results eg.CaFHS Ages and Stages questionnaire, Brigance Early Childhood Developmental Inventory).
Parent/carer days available to attend ongoing therapy	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Note: Please consider if this client is better served by the NDIS. If you believe this child has a disability or developmental delays in line with NDIS eligibility please discuss this option with the family. It may be best to begin the process directly rather than refer to our service where the waiting times can be long.

If possibly eligible please encourage the family to call KUDOS, the South Australian Early Childhood Early Intervention Partner on 1800 931 190 or facilitate the referral yourself.