



**SALHN ALLIED HEALTH/  
EARLY CHILDHOOD AND  
FAMILY SERVICE  
REFERRAL**

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**

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



**Government of South Australia**  
SA Health

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**REFERRAL INFORMATION**

Site requested	<input type="checkbox"/> GP Plus Marion <input type="checkbox"/> Noarlunga Village <input type="checkbox"/> GP Plus Aldinga
Service requested	<input type="checkbox"/> Speech Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Psychology (note referrals are not accepted for psychology services alone but must be in association with developmental delays)
Please indicate reason for referral	<input type="checkbox"/> Concerns with using words & sentences <input type="checkbox"/> Unable to follow instructions <input type="checkbox"/> Speech (sounds, clarity) <input type="checkbox"/> Stuttering (repeating sounds and words) <input type="checkbox"/> Fussy eating <input type="checkbox"/> Mealtime behaviour routines <input type="checkbox"/> Play skills <input type="checkbox"/> Child social skills <input type="checkbox"/> Sleeping <input type="checkbox"/> Toileting <input type="checkbox"/> Sensory processing (over or under reacts to their environment) <input type="checkbox"/> Movement skills <input type="checkbox"/> Behavioural issues in association with developmental concerns <input type="checkbox"/> Parent/child relationship and interaction <input type="checkbox"/> 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	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> 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.