

Central Intake for General Practitioner referrals for:

-General Paediatrics at John Hunter Childrens' Hospital,
Belmont Hospital, Raymond Terrace Clinic

-Child & Family Health Team at Wallsend

-Youth Health Team at 621 Hunter Street

Fax referral: 49223904

Telephone: 49213670

**Triage team: Jared Allen, CNC and Dr Kate Thomson Bowe,
Deputy Director General Paediatrics and Adolescent Medicine**



Health
Hunter New England
Local Health District



HNEkidshealth
Children, Young People & Families

Date of Referral: ____/____/20____

Referral to: Dr Kate Thomson Bowe (Triage Team) or _____

Note: Referrals will be triaged to the most appropriate service and paediatrician, according to urgency. We cannot guarantee the child/young person will see a specific Paediatrician.

Referred Child/Young Person

(Office Use) MRN: _____

Surname: _____

Given Name: _____

Date of Birth: ____/____/____

Age: ____

Gender: _____

Child's/Young Person's Address and Other Details

Home Address: _____ Suburb: _____ PCode: _____

[Youth mobile number: _____]

Medicare No. Position on card Expiry _____

Child/Young Person identifies as: Aboriginal Torres Strait Islander Culturally & linguistically diverse _____

Contact Person

Name: _____ Relationship to Child/Young Person: _____

Legal Guardian of Child/Young Person: Yes No

Child/Young Person in Out-Of-Home-Care (eg: foster, kinship, residential care or adopted): Yes No

Mailing Address: _____ Suburb: _____ PCode: _____

Email: _____ Work hours contact number: _____

Interpreter required: Yes No Language: _____

Referrer Details (stamp accepted if legible and information complete)

Name:

Practice Name:

Address:

Phone Number:

Provider Number:

Email: _____

Usual G.P (if not same as referrer):

Practice Name/ Address:

Consent - This referral cannot be processed without the consent from one of the following (tick one):

child's parent

Surname: _____

Or legal guardian

Given Name: _____

Or Youth aged 12-18

Signature: _____

OR Verbal consent given for referral

Patient / Carer's commitment to referral?

REASONS FOR REFERRAL - What concerns do you have for this child/young person? (Please provide examples)

1.

2.

3.

[Youth: Is client pregnant No Yes if yes: Expected Date Delivery _____ or Date of Last Menstrual Period _____
If pregnant or client is parent to child <12 months: Edinburgh Depression Score _____ Response to Q10 _____ Date: _____]

What outcomes are you hoping the appointment(s) will achieve for this child/young person?

What intervention has already occurred for the issues of concern? What services are already in place?

Has this child/young person previously seen a paediatrician?

No Yes If yes, whom: _____

Medications currently taking (include dose and duration?) Past trial of medication, outcomes?

Behavioural and emotional concerns (eg: disruptive behaviour, mood and emotional coping concern, etc.)

Medical concerns and/or Physical Development Concerns

Family history of disease or illness:

Family Difficulties (Adverse Childhood Experiences). Please indicate whether the child has experienced any of the following:

- Physical Abuse
- Emotional Abuse
- Child Sexual Abuse
- Neglect
- Parent or Carer Substance abuse
- Intrauterine drug exposure / Neonatal Abstinence Syndrome
- Parent or Carer Mental Health issues
- One or no parents, Parental Separation or Divorce
- Parental incarceration (jail)
- Domestic violence
- Housing Instability
- Foster care, Out-Of- Home Care, Kinship care (History or current)
- Exposure to other Traumatic event (eg Fire)

Other Psychosocial concerns (eg: possible difficulties with transport/access to appointments, cultural difficulties)

Child Protection or Family and Community (FACS, previously DoCS) CURRENTLY involved?

- Never to my knowledge
- No, but previously involved.
- Yes, known Case worker Name: _____ Organisation: _____ Phone: _____

PLEASE ATTACH RELEVANT REPORTS –

Audiology results	Speech Pathologist	Physiotherapist
Imaging or Investigation Results	Occupational Therapist	Psychologist
School Counsellor	Teacher	Other

Intake for children in the HNE region has been centralised. GP referrals will be accepted for children who live in the Greater Newcastle cluster of Hunter New England Local Health District. Children will be considered from the Hunter Valley cluster, if no similar service exists closer.

Central triage may result in appointments at the following clinics:

- **CAFHT** will see children: aged 2 years to Year 6, with **significant** difficulties in two or more developmental domains AND/OR requiring Multidisciplinary Team Input.
- **SPARKS (children aged < 10 years):** CAFHT provides a specialised program for children presenting with problematic sexualised behaviour. Service boundaries for this service are restricted to the Newcastle JIRT area. (i.e. Newcastle, Port Stephens, Lake Macquarie, Cessnock, and Maitland Community Services Centres (CSC) areas).
- **First Steps** at Wallsend provides parenting services to carers of pre-school children (0-5years) with issues relating to infant/toddler/child eating, sleep and behaviour. Also provides counselling for Post-natal depression and anxiety and parent/child attachment.
- **The Youth Health Team** at 621 Hunter Street, will see young people 12 to 18 years, who are homeless or at risk of homelessness and require support with sexual health, family issues, school, pregnancy, physical health problems, substance use or risky behaviours.
- **The general paediatric team** at JHCH, Belmont Hospital and Raymond Terrace clinics. All General Paediatrics referrals, including children with physical or intellectual disability and take over long term care of CAFHT patients when needed.

Whilst awaiting service, please review the relevant <https://hne.healthpathways.org.au/index.htm> (For example, *Developmental Concerns in Children* or *Behavioural concerns in Children* and consider the *Patient Information* tab to identify Parenting Support and Early Learning opportunities for your patients. Ensure Hearing and Vision are tested where appropriate.)