HNEkidshealth
Children, Young People & Families
hnekidshealth.nsw.gov.au | ABN 63 598 010 203

HNEKIDSHEALTH
REFFERAL FORM
First Steps Parenting Centre
Email: hnelhd-firststepsparenting@health.nsw.gov.au
Telephone: 4924 6550

Office use only
Chime:
E doc:
Scanned:
S/R:
Apt Date:
Apt Time:
Clinician:

Date: Does Parent/Primary Carer give consent for referral ☐ Yes

Referred Child:	☐Female ☐Male ☐ Unborn – EDC	HNE Office use only MRN:
Surname: Date of Birth:	Given Name: Age: Years, months	 Hospital of birth:
Indigenous status:	☐ Aboriginal ☐ Torres Strait Islander	☐Both ☐Neither
Parent(s) / Carer(s) 1. Surname: Date of Birth: Relationship to Child:	 Given Name: Age:	HNE Office use only MRN: Maiden Name:
Indigenous status:	☐ Aboriginal ☐ Torres Strait Islander	☐Both ☐Neither
Parent(s) / Carer(s) 2. Surname: Date of Birth: Relationship to Child:	 Given Name: Age: Years, months	HNE Office use only MRN: Maiden Name:
Indigenous status:	☐ Aboriginal ☐ Torres Strait Islander	☐Both ☐Neither
Family Contact and Other Details:		
Home Address: Can we send mail to this address	 ☐ Yes ☐ No	
Tel: (home) Email address:	Mobile:	
Medicare No:	Position on card:	
Family GP: Phone: Address		

Sibling Details: (please record additional siblings on paper and attach to this form)

Sibling 1:	☐ Female	☐ Male	DOB:
Sibling 2:	☐ Female	☐ Male	DOB:
Sibling 3:	☐ Female	☐ Male	DOB:

Referrer Details:

Name: Relation to client: Agency:
Address:
Phone: Email:

Language: Preferred Language:

Interpreter: ☐ Required ☐Not Required If required, for whom:

Service Request for Family:

☐ Young Parents Network (Maitland/ Port Stephens
☐PND Support
☐Parent-Child Relationship/attachment
☐PIPS (JHH Maternity staff only).
PIPS case conference times:

☐ Counselling
☐ Sleep & Settle
☐ Child Behaviour
☐ Other

Current Issues Relating to Parent/Caregiver

☐ Mental Health
☐ Edinburgh Postnatal Depression
Date: Score: Q10:
☐ Domestic Violence
☐ Alcohol/Drug use
☐ Housing
☐ Legal/Criminal/AVO
☐ Family Conflict

Current Issues Relating to Child:

☐ Sleep/Settling
☐ Feeding
☐ Behaviour
☐ Parent/child relationship/attachment

Please describe in more depth the CHILD related concerns/behaviours: current & previous interventions for the CHILD; duration and context of the current issues; any other CHILD related information (parent/carer issues over page).

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Other Professionals /Agencies Involved with Infant/Child/Youth/Family: *Please consider health, education and community welfare services and note names, discipline and contacts of professionals*

Please elaborate on Parent/ Care Giver issues:

Has the referrer home visited the family? ☐ Yes ☐No

Are they any workers safety concerns relation to home visiting? ☐ Yes ☐ No

Signed: Date:

NSW GOVERNMENT | Health
Hunter New England
Local Health District