

# Child Development Team – Referral Form

Email referral: HNELHD-ChildDevelopmentTeam@health.nsw.gov.au



Health  
Hunter New England  
Local Health District

THE CHILD DEVELOPMENT TEAM IS AN ASSESSMENT ONLY SERVICE. WE DO NOT PROVIDE ONGOING THERAPY. PLEASE FILL OUT THE FORM ELECTRONICALLY AND RETURN TO TEAM VIA EMAIL.

Date of Referral	
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Which developmental assessment are you requesting for the child (tick as many as apply)

Autism Spectrum Disorder	<input type="checkbox"/>	Learning Disorder	<input type="checkbox"/>
Fetal Alcohol Spectrum Disorder	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>
Global Developmental Delay	<input type="checkbox"/>	Unsure	<input type="checkbox"/>

## Child's Information

Surname		Given name	
Date of birth		Age	Gender
Home address			
Does the child identify as			
Aboriginal	<input type="checkbox"/>	Torres Strait Islander	<input type="checkbox"/>
		Culturally and linguistically diverse	<input type="checkbox"/>
Interpreter required?	<input type="checkbox"/>	Language	

## Contact Person

Name		Relationship to Child	
Legal guardian of child?	<input type="checkbox"/>	Is the Child in out of home care e.g. foster care, kinship care, adopted?	<input type="checkbox"/>
Mailing address			
Phone number		Email	

## Consent

This referral cannot be processed without the consent from either the child's parent or legal guardian			
Name		Parent	Legal Guardian

## Referrer Details

Surname		Given name	
Title/relationship to Child			
Agency name			
Mailing address			
Phone number		Email address	

## GP Details (if different from referrer)

Surname		Given name	
Mailing address			
Phone number		Email address	

**PLEASE ATTACH RELEVANT REPORTS**

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As a general guide the Child Development Team will accept referrals where:

1. The child lives in the Greater Newcastle and Hunter Valley clusters of Hunter New England Local Health District	
2. The child is between the ages of 18 months and 12 years and has not commenced High School	
3. The child presents with significant delays in two or more of the following developmental domains: <ul style="list-style-type: none"><li>- Significant delays with receptive, expressive and/or social communication language and/or social interaction</li><li>- Significant difficulties with fine and/or gross motor skills</li><li>- Significant delays in the area of cognition and/or learning e.g. pre-academic or academic skills etc.</li><li>- Significant difficulties in day-to-day functioning i.e. activities of daily living, living skills, and/or atypical restricted/repetitive patterns of behaviour/interests/activities.</li></ul>	

FOR REFERRALS OF A CHILD UNDER 5 PLEASE CONSIDER COMPLETING SCREENERS SUCH AS THE ASQ-3 AND ASQ-2. ALTERNATIVELY PLEASE REFER TO CHILD AND FAMILY HEALTH NURSING WHO WILL BE ABLE TO PROVIDE SCREENING AND REFER ON TO THE CHILD DEVELOPMENT TEAM AS REQUIRED

**Clinical Concerns: please provide illustrative examples and/or screening tool and/or assessment results and/or diagnoses in 2 or more areas.**

Significant delays with receptive, expressive and/or social communication language and/or social interaction
Significant difficulties with fine and/or gross motor skills
Significant delays in the area of cognition and/or learning e.g. pre-academic or academic skills etc.
Significant difficulties in day-to-day functioning i.e. activities of daily living, living skills, and/or atypical restricted/repetitive patterns of behaviour/interests/activities.