

BALLARAT HEALTH SERVICES – Children at Risk (CAR) Clinic Referral Proforma

*This form can be completed by the DHS case worker, parent / guardian or referring GP. **It must accompany a medical practitioner referral letter.** Please send this form with the medical practitioner's referral or bring this form on the day of your appointment.*

Demographics:

Child's Surname: _____ Child's First Name: _____

Gender: M / F Date of Birth: _____ Age: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Biological mother's full name: _____

Parent/guardian: Name: _____

Contact number: _____ Email: _____

DHS worker: Name: _____

Contact number: _____ Email: _____

Reason for referral:

Background:

Birth: Gestation (weeks): _____ Birth weight (g): _____ Apgar scores: _____

Mode of delivery: _____ Hospital: _____

Perinatal complications: _____

Past medical history: _____

Medications (incl. doses): _____

Allergies: _____

Immunisations up-to-date: Y / N Detail those missed: _____

Developmental concerns: Y / N (detail below – please attach additional page if insufficient space)

Gross motor: _____

Fine motor and vision: _____

Speech and hearing: _____

Social: _____

Behaviour: _____

Sleep: _____

Continence: _____

Other: _____

Date of last hearing test: _____ Results (attach report): _____

Date of last vision test: _____ Results (attach report): _____

Family (medical & mental health) history: _____

Social history (including siblings): _____

Services involved

Daycare/ school attending: _____ Phone: _____

Teacher's name: _____ Email: _____

Allied health services involved (please attach relevant reports): _____

Other agencies involved (incl. Maternal Child Health Nurse): _____

Phone: _____ Email: _____

Referring doctor/GP: _____ Provider Number: _____

Phone: _____ Email: _____

Address: _____

Full referral guideline and forms: <http://www.bhs.org.au/governance-documentation-search> (CPG0105 Child at Risk proforma; search term: Protection)