

Connect for Kids Parent/Guardian Referral Form



Royal Far West
Children's health, country-wide

To be completed by the parent/guardian and returned via email to

telecare@royalfarwest.org.au or fax to (02) 9977 7134. **ALL** fields to be completed:

SECTION 1: DEMOGRAPHIC INFORMATION

Child's Name: _____ Sex: Male Female

DOB: ___/___/___ Has the child ever been to Royal Far West? Yes No

School/Preschool: _____ Year: _____

Child's Address: _____

Town: _____ Postcode: _____ Phone: (H) _____ (M) _____

Email Address: _____

Medicare No.: _____ Child's Position No.: _____ Expiry Date: _____

Private Health Fund (if relevant): _____ Member Number: _____

Child's Doctor: _____

Address: _____

Town: _____ Postcode: _____

Doctor's phone number: _____

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please circle)

Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal & Torres Strait Islander No

Guardianship of Child

If you are not the parent/legal guardian, please provide the name and contact details of the child's parents/legal guardian: _____

Please provide any information (comments below or attachments, as required) if you are aware of any Court or Parent Rights Orders against the child's case. _____

SECTION 2: CLINICAL QUESTIONS

What are your main concerns for the child? _____

Has your child been assessed as having a specified disability? (E.g. Autism Spectrum Disorder, Intellectual Disability)

Yes No Please give details: _____

Has your child had previous assessments or diagnoses suggested?

Yes No Please give details: _____

Please fill in the tables below and add comments as necessary.

	Yes	No	Comments
Are you concerned with your child's emotional wellbeing?			
For this telecare program, your child may be required to sit at a computer for at least 30 minutes and complete tasks such as listening and completing interactive tasks on the screen. Will your child be able to do this?			
Will a responsible adult (parent/carer/teacher) be available to commit to attending all sessions and complete any homework with your child?			
Has your child seen a Paediatrician, Psychiatrist, School Counsellor or Allied Health Professional (Psychologist, Social Worker, Occupational Therapist or Speech Pathologist)? If yes, what was the outcome? Are these services still working with the			
Does your child have any significant behavioural difficulties (e.g. oppositional behaviour, sensory and emotional regulation challenges such as tantrums, meltdowns, or over-excitation)?			
Does your child struggle to pay attention (e.g. is hyperactive or inattentive)?			
Does your child have significant mood concerns (e.g. history of self-harm)?			

Parent/Guardian Consent

Upon signing this form, I understand that I consent to the following:

- Royal Far West to provide telecare services to my child. I understand Royal Far West reserves the right to determine whether the referral is appropriate and whether assessment and/or intervention will be provided. I understand that once given, my consent will remain current until withdrawn in writing by me;
- The collection and storage of personal information by Royal Far West which is provided by me or on behalf of my child by others who are so authorised;
- The disclosure of personal information by the child's general practitioner, school or other health or allied healthcare provider to Royal Far West;
- The disclosure of personal information by Royal Far West to their general practitioner, allied health provider, school or other referrer where clinically appropriate;
- The use of personal information by Royal Far West to the extent that it is reasonably necessary to deliver services under the program;
- Use of recording software in sessions for clinical training (all personal information will be de-identified);
- The involvement of a medical or allied health student to be involved in my child's consultation;
- The use of de-identified personal information by Royal Far West when reporting program evaluation findings.

Please list any persons or agencies with whom you **do not** wish us to share information with:

A final report will be sent to the child's parent/guardian, school and general practitioner. Please list any additional stakeholders for report/s to be sent:

Privacy Statement

The initial screener session and subsequent assessment and/or therapy sessions (if required) are provided by Royal Far West. As required by the Privacy Act 1988 (Cth), there are some important things you need to know about how we collect, use and disclose information about your child:

- To provide our services to you, we collect health information and other personal information about you. We may also need to collect some of this information from other people, such as your general practitioner and other health professionals involved in your care. We will inform you if we do need to collect information from other people and why we need this information. It may be that we will not be able to provide services to you if we cannot collect this information.
- We also use your personal information for administrative purposes within the practice, including for practice management and complaints handling.
- We may disclose the information we collect about you to your general practitioner, other health practitioners involved in your care, your referrer and to service providers that we engage to provide our services. We may also disclose your information if required to do so by law.
- Other Royal Far West staff and service providers may need to access the information we hold about you, in order to:
 - Provide services to us
 - Review your assessment and to prepare reports
 - Undertake quality assurance activities
 - Carry out our functions and activities
- If you consent, we may also use and disclose the information we collect about you (including your health and any other sensitive information) for the purposes of evaluation only. However, we will de-identify your information before using or disclosing it for these purposes. We may also use your information to contact you about your participation or evaluations.

For more information, please contact Royal Far West on (02) 8966 8500. If you have any concerns or queries about the way in which we collect, use and disclose your information, please ask your clinician.

Parent/Guardian full name: _____

Signature: _____ **Date:** ____/____/____