

Connect For Kids Parent/Guardian Referral Form



Royal Far West
Children's health, country-wide

This form is 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:

Name of person filling in form: _____

Relationship to child: _____

Are you the parent or legal guardian of the child identified in this form? Yes / No (please circle)

If *No*, please specify the name and contact details of the legal guardian:

DEMOGRAPHIC INFORMATION

Child's Name: _____ Sex: (Please circle) Male Female

DOB: ___/___/_____ Has the child ever been to Royal Far West: (Please circle) Yes No

School: _____ Year: _____

Child's Address: _____

Town: _____ Postcode: _____

Phone: (H) _____ (M) _____

Email Address: _____

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

Private Health Fund: _____ Member Number: _____

NDIS Number: _____ Plan Commencement Date: ___/___/_____ Completion Date: ___/___/_____

Child's GP: _____

Address: _____

Town: _____ Postcode: _____

Is your Child of Aboriginal and/or Torres Strait Islander Origin? (Please circle)

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

Are you aware of any of the following in relation to your child or family? (please circle)

Family Court Proceedings (e.g., parents rights orders) Family and Community Services (FACS) involvement Apprehended violence orders or Police involvement

Other legal proceedings (please describe): _____

TELECARE PREPAREDNESS

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

	Yes	No	Comments
Can the child remain attentive and complete computer-based tasks for 30 minutes.			
Will a responsible adult (parent/carer/teacher/LaST) be able to commit to attending all sessions with your child and complete follow up work?			
Do you have any concerns with your child's hearing?			
Does your child have a vision impairment?			

CLINICAL QUESTIONS

Has your child seen/or is currently seeing a Paediatrician, School Counsellor or Allied Health Professional (Speech Pathologist, Occupational Therapist, Psychologist)? Yes No

If yes, please attach any previous reports.

If yes, and if you consent to us contacting the Health professional please list their name, place of work and contact details:

If yes, is assessment/treatment currently ongoing? Yes No

What are your main concerns for your child?

We provide a short-term focussed intervention. What would be most helpful for us to focus on?

Are you aware of any past or present stressors that may be impacting on your child's wellbeing?

Please tick the appropriate boxes, if your child has difficulty with the following:

Mental Health and Emotional Wellbeing -----

Temper tantrums		Problems making friends	
Refusing to follow instructions		Poor sleep	
Running away/hiding		Dislike of changes	
Refusal to put on clothes, eat various foods, shower; Dislike of loud noises		Complaining of being bored	
Crying excessively		Refusal to play alone	
Fears and worries (the dark, animals, separating from carers, people etc.)		Hyperactive	
Difficulty paying attention			

Motor skills -----

Handwriting		Fine motor skills e.g. using scissors, opening food packages	
Visual perception e.g. loses place when reading, copying, difficulty with puzzles		Self-care e.g. dressing, using cutlery	
Recognising letters based on sound and appearance		Does your child appear clumsy?	
gross motor tasks eg. Climbing, running, skipping,?			

Speech and Language -----

Speech sounds		Reading and spelling at their expected age level	
Understanding what you say or following instructions		Interacting with peers and making friends	
Putting words into sentences or telling a story		Stuttering	

PARENT/GUARDIAN CONSENT

I understand that I need to sign and provide my consent to the following:

- Royal Far West to provide telecare services to the child. I understand that 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 it is 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 use of personal information by Royal Far West to the extent that it is reasonably necessary to deliver services under the program;
- The disclosure of personal information by their general practitioner, school or other health or allied healthcare provider to Royal Far West;
- The use of de-identified personal information by Royal Far West when reporting program evaluation findings;
- The involvement of an allied health assistant, or medical or allied health student in my child's consultation;
- The disclosure of personal information by Royal Far West to their general practitioner, allied health provider, school or other referrer where clinically appropriate.

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.

A final report will be sent to the child's parent/guardian, and referrer (e.g., school or GP). Please list any additional stakeholders for report/s to be sent:

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

I have read, understand and consent to the above.

Parent/Legal Guardian Full Name: _____

Signature: _____

Date: ____/____/____