Royal Far West
Children's health, country-wide

Office Use

MRN _____

Royal Far West
Medical Referral Form
Paediatric Developmental Program

This form can be completed by a Paediatrician, GP or Psychiatrist and sent to the RFW Intake Officer. Following receipt of the Medical Referral Form, the child's parent/carer will receive an email with a link to complete the online Parent/Carer Questionnaire (PCQ) and School Questionnaire (SQ). Both forms are completed **online** so there is no longer the need to complete paper forms.

Please return completed referral to intake@royalfarwest.org.au or fax 02 99777134

REFERRAL DATE _____

SURNAME: _____ FIRST NAME: _____

Date of Birth _____ Age _____ Male ☐ Female ☐ Indeterminate/unspecified ☐

Address_____

Town _____ Postcode_____

Who does the child live with? Mum ☐ Dad ☐ Foster Carer ☐_____ Other ☐_____

Carer Name_____Phone_____

Email ***(required)** _____

***Please note**: A parent/carer email address is required

Medicare # _____ Expiry_____ Position on card_____

Aboriginal or Torres Strait Islander Yes ☐ No ☐

OOHC Caseworker Yes ☐ No ☐ Name_____ Phone_____

Interpreter Required Yes ☐ No ☐ Language_____

Diagnosis: Yes ☐ No ☐ Detail _____

Name _____ When/Diagnosis Date _____

Reason for Referral:

Significant Medical History including birth history if relevant

Immunisations up to date Yes ☐ No ☐ Not known ☐

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Allergies Yes ☐ No ☐ Details _____

Pathology Yes ☐ No ☐ **Brain Imaging** Yes ☐ No ☐

Genetics Yes ☐ No ☐ **Other** Yes ☐ No ☐

Please attach copies

Current Medications

Medication _____ **Dose** _____ **Commenced** _____

Prescribed by_____

Medication _____ **Dose** _____ **Commenced** _____

Prescribed by_____

Medication _____ **Dose** _____ **Commenced** _____

Prescribed by_____

Referrer details

GP ☐ Paediatrician ☐ Psychiatrist ☐

NAME _____

ADDRESS _____

PHONE _____ EMAIL ***(required)** _____

Signed _____

Name _____

Practice _____

Provider Number _____

***Please note**: A Doctor/Practice email address is required

Please return completed referral to intake@royalfarwest.org.au or fax 02 99777134

RFW INTAKE
PO Box 52 Manly 1655
Phone: 02 89668500

Additional copies available at www.royalfarwest.org.au

Completed referrals go through intake process and are prioritised for admission