Canterbury District Health Board
Te Poari Hauora ō Waitaha

Child Development Service, Montreal House
440 Montreal Street, Christchurch 8013
phone: (03) 383 6820
facsimile: (03) 03 377 3242
email: referralschilddevelopment@cdhb.health.nz

Referral Form – Child Development Service Allied Health

Forms with insufficient information will be returned

Please tick relevant service required

☐ Occupational Therapy ☐ Physiotherapy ☐ Social Work ☐ Wheelchair/Seating

CHILD AND FAMILY/WHĀNAU INFORMATION			
Child's name:		**NHI:**	**DOB:**
Address:			
Phone numbers:	Home:	Mobile:	
Parent's/Caregiver's names:			
Is the family aware of the referral? ☐ Yes ☐ No		**Contact referrer first?** ☐ Yes ☐ No	
Will an interpreter be required? ☐ Yes ☐ No		**Language spoken at home:**	
GP:			
Medical professionals: *(eg. paediatrician, orthopaedic consultant, neurologist)*			
Other professionals: *(eg. PT, OT, SLT, Dietitian, SW, EIT, psychologist, behaviour specialist)*			
Preschool/School:		Phone:	
ORS: ☐ Yes ☐ No	**High Health Funding:** ☐ Yes ☐ No	**Physical Disability Team:** ☐ Yes ☐ No	
Referrals made to others:			
Diagnosis:			
Medical history:			
Clinical information:			

Report attached ☐

REFERRED BY			
Name:		**Title:**	**Date:**
Contacts:	Phone:	Email:	
Reasons for referral: *(What is the specific difficulty/concern that you would like the OT/PT/SW to help with?)*			

CHILD DEVELOPMENT SERVICE REFERRAL

C110026

Please tick the functional difficulties the child is having in the following areas and ***describe further***.

PHYSICAL SKILLS

- ☐ Developmental milestones
- ☐ Gross motor skills
- ☐ Fine motor skills
- ☐ Altered muscle tone
- ☐ Transfers
- ☐ Mobility
- ☐ Trips/falls/clumsiness
- ☐ Tires easily/fatigue
- ☐ Wheelchair/seating/sleep
- ☐ Walking/standing equipment

DAILY LIVING SKILLS

- ☐ Washing/grooming
- ☐ Dressing
- ☐ Mealtimes
- ☐ Sleep
- ☐ Toileting
- ☐ Play
- ☐ Organisation/planning
- ☐ Routines
- ☐ Bathing/shower/toileting equipment

ENVIRONMENTAL AND SOCIAL CIRCUMSTANCES

- ☐ Home environment/housing
- ☐ Transport
- ☐ Safety
- ☐ Care and protection concerns
- ☐ Family life compromised
- ☐ Financial/benefit advice
- ☐ Community resources

OTHER

- ☐ Post-botox/orthopaedic surgery
- ☐ Post-medical admission
- ☐ Discharge summary attached
- ☐ School transition