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**Child Development Team ReferraL**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Childs Name: | | | | | | | |
| Also Known As: | | | | | | | |
| NHI: | DOB: | | | Sex:  Male  Female | | Ethnicity: | |
| Interpreter required?  Yes  No | | | Language: | | Country of Birth: | | |
| If not New Zealand born, please attached proof of New Zealand Residency. | | | | | | | |
| Name of Primary Caregiver(s): | | | | | | | |
| Relationship to the child: | | | | | | | |
| Address: | | | | | | | |
|  | | | | | | | |
| Mobile: | | Home: | | | Work: | | |
| Email: | | | | | | | |
| Preferred method of contact: | | | | | | | |
| I have discussed this referral with the Primary Caregiver: | | | | | Yes | | No |
| **Why are you referring this child?** | | | | | | | |
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| **Are there any other services involved with this child/ family now or in the past?** | | | | | | | |
| Infant, Child Adolescent & Family Mental Health Service (iCAMHS) | | | | | | | |
| Ministry of Education Learning Support | | | | | | | |
| Support Net / NASC | | | | | | | |
| Well Child Provider e.g. Plunket, Tipu Ora | | | | | | | |
| Hospital-based services | | | | | | | |
| Oranga Tamariki - Child Youth & Family | | | | | | | |
| ACC | | | | | | | |
| Child and family community-based services | | | | | | | |
| Other (please specify): | | | | | | | |
| **Please attach other relevant information:** | | | | | | | |
| E.g. current problems, social and family issues, developmental history, past medical history and medication, school information, include any relevant reports. | | | | | | | |
| Referred By: | | | | | | | |
| Title/ Agency: | | | | | | | |
| Address: | | | | | | | |
| Phone: | | | | Fax: | | | |
| Email: | | | | | | | |
| Signature: | | | | | Date: | | |

**Please return to:**

Attention: Child Development Team

**E:** [outpatient1.referrals@lakesdhb.govt.nz](mailto:Outpatient1.Referrals@lakesdhb.govt.nz)

**F:** 07 349 7994

**M:** Referral Centre, Rotorua Hospital, Private Bag 3023, Rotorua Mail Centre, Rotorua 3046

*“Incomplete referrals may be returned to Referrer.”*