PATCHES Paediatrics
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www.patches-paediatrics.com.au

PATCHES Referral Form

Client Details			
Family Name			
Given Names			
Client known by other names			
Date of Birth		Gender M F	
Ethnicity		CRN	
Aboriginal or Torres Strait Islander Australian	Y N		
Preferred Spoken Language			
Parent/Guardian Name			
Relationship to Patient			
Phone Number/s			
Residential Address			
Postal Address			
Previous Diagnoses			
Patient in the care of Department for Child Protection	Y N		
DCP Officer			
Contact Details			
Patient known to Disability Services Commission	Y N		
Contact Details			
Patient known to Child Development Services	Y N		
Contact Details			
Patient known to Aboriginal Health Service	Y N		
Contact Details			

Medicare Card Number										
IRN (place on card e.g. 3)		Expiry Date								

Current School Enrolment	
School/Kindy/Day Care Centre	
Year Level	
Regular Attendee (80% or more)	
If No: Approximate Attendance	
Performance at school compared to peers:	
Strengths, interests and goals:	

Please list current areas of concern

Speech Pathology	
Speech/Articulation	
Language Comprehension/Understanding	
Spoken Language	
Phonological Awareness/Literacy	
Social Skills	
Stuttering (Length of Time)	
Voice	
Feeding/Eating/Swallowing	
Occupational Therapy	
Eye-Hand Coordination	
Fatigues During Tasks	
Difficulty with Pencil/Scissor Skills	
Difficulty Copying or Reading from a board	
Sensory Processing (e.g. difficulty with concentration or fidgety)	
Personal Care (e.g. toileting, dressing)	
Physiotherapy	
Not Reaching Motor Milestones	
Clumsiness	
Moving Awkwardly	
Poor Posture	
Poor Gross Motor Skills	
Poor Ball Skills	
Biomechanical (e.g. hip, foot dysfunction)	
Psychology	
Behavioural Concerns	
Cognitive Difficulties	
Related History	

Additional questions for parent/guardian
Were there any concerns during the pregnancy with your child?
Was your child born to full term?
How many weeks gestation were they born?
Did your child have any health concerns at birth or before their first birthday?
Does your child have any ongoing health concerns?
Has your child needed to go to hospital? What were the details of this?
Did you ever have any concerns about your child's development? If yes, what were you concerned about?
Have you ever seen any health professionals about your child's development? Can you list who they were?
What do you think your child is good at?
How would you describe your child's sleep?
Do they have any difficulties with eating?
Are they things that you need to help your child with that you would expect them to be doing by themselves?
Do you have any other concerns for your child?

Parent/Guardian Consent

Your consent gives permission for your child (the patient) to be seen by the PATCHES Paediatrics team until you child is "discharged from the service". You may formally withdraw your consent at any time.

I give my consent for PATCHES Paediatrics to:

- ☐ Undertake assessments and therapy interventions at any site, including schools and clinics
- ☐ Obtain, release and exchange reports and relevant information (both written and verbally) with other agencies and individuals as required including:
  - The patient's school
  - The patient's nominated GP
  - Aboriginal Medical Services
  - Any relevant Child Development Services
- ☐ Make audio and/or visual recordings of my child for assessment, management and therapy purposes
- ☐ I understand that PATCHES Paediatrics is obliged to release relevant information to the Department of Child Protection pertaining to patients in care
- ☐ Research at PACTHES:
  - As well as using the information we collect about your child for their clinical care, we also use it for research and evaluation purposes. For example, we might use your child's data for annual reports about our service, to look at ways we can improve our service, conference presentations and/or research publications.
  - Whenever we present information, we do it so that identifying information is not included and you or your child cannot be identified e.g. we do not use your child's name.
  - We sometimes work with researchers from outside our clinic. The research we do is approved by a Human Research Ethics Committee and tends to look at groups of people rather than just one person (e.g., what was the average age of our clients).
  - While there are no *direct* benefits to you or your child from letting PATCHES use your child's information for research, this information might help us improve our understanding and treatment of various psychological and medical conditions, potentially benefiting future patients.
  - It is ok if you do not want your child's information used for research purposes.
  - You can change your mind at any time **after** signing this Consent Form.

Confidentiality

All medical records are stored securely. Only PATCHES staff members have access to these records, unless the law requires us to disclose it.

- Consistent with WA Health policy and legal standards, all medical records are kept for a minimum of 7 years after the death of a patient and then destroyed
- Your child's information will be used as described in this form and not otherwise disclosed (unless disclosure is required by law).

If you have any questions, we can talk to you before you sign this consent form.

- I have read and understood the information provided above. Any questions that I have asked have been answered to my satisfaction.
- I understand that if I have further questions or I wish to withdraw my consent at a later date, I may contact PATCHES on (08) 9489 7932.
- I give my permission for PATCHES to enter my child's information into a database with the understanding that any information used for reports, conference presentations and/or research publications will be de-identified.
- I understand that the information I provide will be kept in the strictest confidence by PATCHES, unless obliged to release by law.
- I understand that, if I wish, I may ask for a copy of this Information and Consent Form.

Signature_____

Date ____/____/20_