

**Child’s Referral Form**

**CHILD’S DETAILS**

Child’s first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s family name or surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_\_

Child’s home address (include region/district/country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FAMILY DETAILS:**

Child’s father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the child’s primary care giver? Mother \_\_\_\_ *and/or* Father \_\_\_\_ Other \_\_\_\_\_\_

If ‘other’ provide the name of the care giver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care giver’s relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ie: grandmother, aunt, friend?)

Phone number of parents’ or care giver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language to you speak at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children do you have? \_\_\_\_\_\_\_\_\_What age are your other children? \_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S MEDICAL INFORMATION**

*We require as much medical information as you can provide. This includes a letter of referral from your child’s doctor or surgeon, and any x-rays, blood tests, medical reports that will enable our surgeons to assess your child’s condition for surgery in Australia.*

**Please describe the child’s medical condition in detail.**

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**What treatment has the child received?**

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**Is the child receiving treatment now? Yes or No. If yes, please give details**

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**Is the child on any medication? Yes or No. If yes, what medication?**

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**Has the child undergone surgery? Yes or No: If yes, please provide details, and dates of surgery** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide the name and contact details of the child’s treating doctor/s**

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