

GC # (internal use) _____ **Referral Date** _____

**PLEASE COMPLETE BOTH SIDES OF THIS FORM GIVING
AS MUCH DETAIL AS POSSIBLE**

DAT referrals require two professionals (e.g. Medical Practitioners, Allied Health Professionals, CHaPS Nurses, NDIS Early Childhood Partners, ECIS staff and the Inclusion Support staff) to be in agreement about the appropriateness of the referral. Details of these professionals should be included in Referring Professional Section below. Paediatricians and Psychiatrists may refer without a second professional. CHaPS Nurses may refer for SACS assessment (only) without a second professional. Parents/carers wishing to have child assessed will need to arrange for referral by discussing concerns with the professionals involved with their child.

Child's Details

Full Name: _____ Date of Birth: _____

Gender: _____ Age: _____

Address: _____

Does the Child identify as Aboriginal, Torres Strait Islander? Yes No

Language(s) spoken at home: _____ Interpreter required? Yes No

Court Orders: Yes No Details: _____

Australian Citizen or Permanent Resident: Yes No Visa Number _____

Paediatrician (please initiate referral if not already accessing) _____

Primary Parent / Guardian / Person Responsible Details

Name _____ Relationship _____

Address _____

Telephone _____ Mobile Number _____

Email Address _____

Secondary Parent / Guardian / Person Responsible Details

Name _____ Relationship _____

Address (if different from above) _____

Telephone _____ Mobile Number _____

Email Address _____

Please tick if the child has been referred to/is currently seeing or has received:

Paediatrician: _____

General Practitioner: _____

Hearing Assessment (date if known): _____

Speech Pathology (provide details): _____

Occupational Therapy (provide details): _____

Physiotherapy (provide details): _____

Early Childhood Early Intervention (provide details): _____

Other e.g. ECIS, Child Health Nurse (please list all): _____

Referral for Developmental Assessment Team

Reason for Referral

All the below assessments are for diagnostic purposes, we are unable to complete assessments to solely support funding applications for the Education Department and/or the NDIS.

- Psychology Assessment** – Developmental assessment and/or exploration of behavioural concerns relating to attachment, anxiety, ADHD or Global Developmental Delay/Intellectual Disability.

- Multi-Disciplinary Autism Diagnostic Assessment** – Comprehensive assessment of social communication skills and behaviour where Autism Spectrum Disorder is suspected.

- Multi-Disciplinary Diagnostic Assessment** – Comprehensive assessment of development e.g. sensory processing, motor skills, play, adaptive skills, problem-solving, where Autism Spectrum Disorder is NOT suspected.

- Social Attention and Communication Surveillance (SACS) referral** – up to 30 Months of age.
 Please attach or outline SACS Screening Tool results.

Social Attention and Communication Observations

- Hasn't reached appropriate milestones for language
- Recites strings of words or scripts
- Doesn't seem interested in other children
- Difficulties engaging in reciprocal back-and-forth play
- Absent, inconsistent, fleeting or poorly integrated eye contact
- Doesn't/Rarely turn when parent or other calls his/her name
- Doesn't/Rarely smiles in response to another person
- Uses an adults hand like a tool
- Doesn't/Rarely looks at you when you are talking or playing
- Doesn't show things of interest (e.g. only shows things for the purpose of asking for help)
- Doesn't play simple social imitation games (e.g. peek-a-boo, pretending to brush hair)
- Doesn't/Rarely points with his/her finger to things out of his/her reach
- Doesn't/Rarely looks to where others are pointing or looking
- Inconsistent responses to instruction/directions
- Limited use of gesture (e.g. shaking or nodding of head, waving, shoulder shrug)

Please provide examples based on those ticked above:

Play and Behavioural Observations

- Attends more to parts of objects (e.g. wheels)
- Has odd or repetitive movement patterns
- Has limited or absent pretend play
- Doesn't/Rarely imitates others
- Engages in non-functional play with objects (e.g. spinning wheels for long periods of time)
- Plays with toys in the exact same way each time
- Has a preoccupation or a very narrow range of interests
- Strongly attached to a specific, unusual object(s) (not a comforter)
- Insists on following rigid routines
- Extreme difficulty with transitions/changes in activity
- Shows odd or unusual responses to sensory input(s) (e.g. extreme distress to sounds or touch)
- Demonstrates unusual sensory exploration (e.g. licking or sniffing objects)

Please provide examples based on those ticked above:

Any other development and/ or behaviour concerns: (e.g. sleep issues)

Primary Referring Professional

Name: _____ Phone: _____

Position/Organisation: _____ Email: _____

Address: (if different from above) _____

Signature: _____

This referral has been discussed with the parent/caregiver

Secondary Referring Professional (if required)

Name: _____ Phone: _____

Position/Organisation: _____ Email: _____

Address: (if different from above) _____

Signature: _____

Return to St Giles – referrals@stgiles.org.au

North – PO Box 416, Launceston, TAS 7250 ☎ +61 3 6345 7333 Fax: +61 3 6345 7373

South – PO Box 45, New Town, TAS 7008 ☎ +61 3 6238 1888 Fax: +61 3 6238 1818

North West – 11 Queen St, Burnie, TAS 7320 ☎ +61 3 6454 1222