Project Officer – Jo Bacon
Psychologist – Karen Plant
Project Manager – Tania Teitzel
Speech Pathologist – Rachel Hull
Occupational Therapist – Charmaine Owen
Therapy.Connect@therapymatters.com.au
PO Box 533 West Burleigh Q 4219

THERAPY CONNECT ALLIANCE
Speech Pathology | Psychology | Occupational Therapy

REFERRAL FORM

Child's Name: _____ DOB: _____ Sex: ❑ Male ❑ Female

Does the Child/Family Identify as: ❑ Aboriginal ❑ Torres Strait Islander ❑ Both

Parent/Carer Name: _____ Phone: _____ Mobile: _____

Residential Address: _____ Postcode:_____

Parent Email address:_____

Name of Early Childhood Centre/School:_____

Contact Name: _____ Email: _____

Phone: _____ Days child attends: (circle) MON TUES WED THUR FRI

Reason for referral:
❑ Psychology
❑ Speech Pathology
❑ Occupational Therapy

Brief description of presenting issues and relevant background information _____

_____

_____

Other specialists/professionals currently involved:

❑ Psychologist_____ ❑ Shaping Outcomes _____
❑ Speech Pathologist_____ ❑ Paediatrician_____
❑ Occupational Therapist_____ ❑ Other – provide details _____

Other circumstances affecting the child/family relevant to the referral:_____

_____

_____

Has the parent given consent for this referral? ❑ Yes ❑ No
(consent for referral completed and signed over page)

Does this referral require urgent action? ❑ Yes ❑ No

Reason for urgency: _____

Person Making Referral: _____ Organisation/Position:_____

Signature: _____ Date: _____

Communities for Children (Murwillumbah) is funded by the Australian Government and facilitated by the YWCA NSW

COMMUNITIES FOR CHILDREN MURWILLUMBAH
YWCA NSW

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REFERRAL TO THERAPY CONNECT – PARENT CONSENT FORM

Therapy Connect Alliance provides specialist therapy services (speech pathology, occupational therapy, psychology) as part of Murwillumbah Communities for Children Initiative. These integrated therapy services can provide assessments to identify a child's strengths and needs, a coordinated plan in collaboration with the family and educational setting to meet the child's needs as well as therapy services. Therapy Connect Alliance can support children residing within the Murwillumbah 2484 postcode from birth until the end of their first year of school. Priority is given to families with children at risk of abuse or neglect, families experiencing disadvantage or vulnerability as well as Aboriginal and Torres Strait Islander families. As parents/careers you will be involved in all aspects of the service. While a referral can be made by many community agencies, a referral will only be accepted by Therapy Connect Alliance if parental/carer consent has been provided and the child resides within the Murwillumbah 2484 postcode or receives services within the 2484 postcode.

By signing this form you are consenting to the referral being provided to Therapy Connect Alliance and the details on this form being shared with Therapy Connect Alliance. Once the referral is accepted by Therapy Connect Alliance the Team will contact you to discuss further processes.

I am aware that a recommendation has been made by _____

from _____ for my child _____

to be referred to Therapy Connect Alliance . I have read the completed referral form and consent to the referral proceeding.

My child/my family identify as Aboriginal and/or Torres Strait Islander:

❑ Torres Strait Islander ❑ Aboriginal ❑ Both Aboriginal and Torres Strait Islander

I confirm that:

❑ my child resides in the 2484 postcode area and/or

❑ my child attends an early childhood/educational program in the 2484 postcode area

Parent/Carer Name: _____

Parent/Carer Signature: _____

Date: _____

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