



news & information

Information needed to make a Referral to Therapy ACT

- **Consent of client or carer**
- **Demographics**

Date of Birth of client

Carer's Names

Home Address

Home phone

Mobile phone

Aboriginal/Torres Strait Islander

Is Interpreter needed

- **Relevant Case history information** – please give concrete examples of issues

Medical/Birth Issues – eg: Premature birth – medical intervention required, chronic middle ear infections, etc.

Developmental Issues – eg: Gross Motor: feet turn in, poor muscle tone, poor balance. Fine Motor: play skills/manipulation of toys, use of cutlery, dressing skills, etc. Sensory: will not go out into the playground due to noise, will only eat chips, will only wear cotton clothes, etc. Communication: poor pronunciation, difficulty saying sentences, stutter. Social Work: in need of family support, need help with advocacy, would benefit from attending Down Syndrome group, etc.

Behavioural Issues – eg: hitting brother with a stick, punched a hole in the wall, knife taken to school etc.

Family Issues – eg: Single father, both parents working, living with grandparents etc.

Education issues – What school work the child is having difficulties with.

Other agencies/therapies involved

- **Describe how the issues are affecting the client/family** – development delay, not able to play, not progressing at school, not able to take child anywhere, child is carried everywhere, family not able to go on holiday, child not able to play in the yard, not able to have babysitters, one parent has had to give up work, siblings have to be protected and kept away from child, it takes an hour for child to eat dinner, child has to be physically restrained.
- **Describe what other referrals have been made for client**
- **Describe further actions of referrer**