Child & Family Wellbeing Service Referral

The Child and Family Wellbeing Service provides child focused supports for children 0-18 years. We work alongside the child, together with their families, who are affected by or showing early signs of mental health outcomes. Using a child centred approach, strengths are identified and built upon to work towards goals and enhance wellbeing.

Support is available within Palmerston/Litchfield, Katherine and Gunbalanya Community.

Primary Caregiver's Details

Caregiver's Name __________ Date of Birth __________

Relationship to Participants __________ Gender __________

Email Address __________ Phone Number __________

Address __________

Country of Birth __________ Language at Home __________

Origin ☐ Aboriginal ☐ Torres Strait Islander ☐ Non-Indigenous ☐ Not Stated

Interpreter Required? ☐ No ☐ Yes

Participants' Details

Child/Young Person 1

Full Name __________ Gender __________ DOB __________

Please outline individual support needs:

Child/Young Person 2

Full Name __________ Gender __________ DOB __________

Please outline individual support needs:

Child/Young Person 3

Full Name __________ Gender __________ DOB __________

Please outline individual support needs:

Child/Young Person 4

Full Name ______________________ Gender __________ DOB __________

Please outline individual support needs:

Referral Details

Family situation/concern:

Person Referring ______________________

Relationship to Family ______________________

Contact Details ______________________

Referrer's Signature ______________________ Date __________

Consent

I consent to this referral. I understand that this information will be stored on the TeamHEALTH system and that my details will be de-identified if they are used in reporting.

Signature of Primary Caregiver ______________ AND Signature of Participant (if aged 16+) ______________ Date __________

In the absence of written consent, verbal consent was gained ☐ No ☐ Yes

Completing this Form

- Please call TeamHEALTH on 1300 780 081 if you need any assistance completing this form.
- Send the completed form to: teamhealth@teamhealth.asn.au.
- TeamHEALTH will contact the primary caregiver within two working days of receiving this form.

Thank you for your referral