

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	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Not Stated
Interpreter Required?	<input type="checkbox"/> No <input type="checkbox"/> 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