

Please return to CHAMPS: : Fax: 9708 8157

To discuss further contact Neil or Linda at PGPN on: 9708 8019

REFERRER DETAILS

Date of referral:		Name: (Person completing this referral)	
Agency / Self:		Contact details:	

CHILD'S INFORMATION

Childs Name:		DOB:																					
		Age:																					
Medicare 11 digit Number:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					Gender:	Male / Female
Address:		Postcode:																					
Mothers Name:		Phone:	(H) (M)																				
Fathers Name:		Phone:	(H) (M)																				
Guardian Name:		Phone:	(H) (M)																				

GP Details:	Name:	GP Phone:	
	Practice:		

School:	Name:	Grade:	
	Town:	Teacher:	
	Phone:	Contact Person:	

Are there any **other services** currently supporting the child and / or family? If so, please list:

Name	Contact Number

FAMILY MEMBERS

Mother:		Age:	Father:		Age:
MH Diagnosis (if applicable)			MH Diagnosis (if applicable)		
Sibling 1:		Age:	Sibling 2:		Age:
Sibling 3:		Age:	Sibling 4:		Age:

OTHER FAMILY SUPPORTS – Please provide name/s of:

Grandparents:		Neighbour:	
Aunt:		Family friend:	
Uncle:		Other:	

BACKGROUND INFORMATION

What is your perception of the severity of impact of mental illness on family functioning?

0 1 2 3 4 5 6 7 8 9 10
 No impact severely disruptive

What is your perception of the child's understanding of mental illness?

0 1 2 3 4 5 6 7 8 9 10
 No understanding excellent understanding

Reason for referral? _____

Brief history of child / family (e.g.: relationship between parent / child, recent episodes etc): _____

Does the child have particular worries with regards to the parent's mental health? _____

Does the child present with any behavioural problems? _____

Does the child have any medical issues? _____

What is the parent's current mental health and functioning? _____

PARENT / GUARDIAN

This referral has been explained to me. Signature: _____ Date: _____