UPPER HUNTER COMMUNITY SERVICES INC.

KIDS in Muswellbrook
REFERRAL FORM



Important: This form must be downloaded before filling in. Please download the form to your computer or mobile device, complete and save it, then email it to: intake@uhcs.org.au

REFERRER DETAILS:					
Full Name:				**Organisation:**	
Contact No:		**Email:**			

CHILDS DETAILS:					
First Name:				**Surname:**	
Date of Birth:		**Gender:**		**Country of Birth:**	
Address:					
Does the child identify as Aboriginal or Torres Strait Islander? ☐ Yes ☐ No					
Language spoken at home:					
School child is enrolled in:					

PARENT/GUARDIAN CONTACT DETAILS:					
First Name:				**Surname:**	
Contact No:		**Email:**			
First Name:				**Surname:**	
Contact No:		**Email:**			

FAMILY HOUSEHOLD MEMBERS *(siblings, grandparents, etc)*:

Name	Date of Birth	Relationship to Child	Resides with Child
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Reason for referral *(Please provide details on why the young person is being referred, including any identified needs or concerns)*	
Does the young person have any disabilities or conditions? *(Intellectual learning, psychiatric, sensory/speech or physical)* (If Yes, provide details):	☐ Yes ☐ No
Have they been expelled/ suspended from school? (If Yes, provide details):	☐ Yes ☐ No
Are there any diagnosed medical/mental health conditions? (If Yes, provide details):	☐ Yes ☐ No
Are they taking any medications? (If Yes, provide details):	☐ Yes ☐ No
Is there any behaviour concerns? (If Yes, provide details):	☐ Yes ☐ No
Is there any history of violence or aggressive behaviour? (If Yes, provide details):	☐ Yes ☐ No
Is there any safety concerns? (If Yes, provide details):	☐ Yes ☐ No

Signed **Date**

When you have finished, please save this form and email it to: intake@uhcs.org.au

If you need assistance completing this form, please contact our team.