GREATER SHEPPARTON CITY COUNCIL

**REFERRAL TO ENHANCED MATERNAL**

**AND CHILD HEALTH SERVICE**

|  |
| --- |
| **FAMILY DETAILS**  |
| Carers Surname |  | **First Name** |  | **DOB** |  |
| Address |  | **NAR (Xpedite)** |  |
| Telephone/ Mobile |  |
| **Fathers Surname** |  | **First Name** |  |
| **Address** |  |
| **Telephone/ Mobile** |  |
| **CHILD DETAILS**  |
| **Surname** | **First Name** | **DOB** | **Sex** | **Lives with client?****Yes / No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Language usually spoken by family** |  | **Interpreter Required? Yes / No** |  |

|  |
| --- |
| **CURRENT PROFESSIONAL INVOLVEMENT** |
| **Name** | **Address** | **Telephone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **BABIES REFERRED FROM SPECIAL CARE NURSERY / PAEDIATRIC UNIT** |
| **Maternal: G P**  |
| **Gestation:** |
| **Mode of Delivery:** |
| **Birth Weight:** |
| **Admission Diagnosis:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Current Feeding Method:** |
|  |
|  |
|  |
| **Current Medications:** |
|  |
|  |
|  |
|  |
|  |
| **Follow up required on discharge from hospital:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Discharge Date: Discharge Weight:** |
| **Discharge Destination:** |
| **MCH Central Admin Notified: Yes / No Date: Time:** |
| **Generic Home Visit Booked: Yes / No Date: Time:** |
|  |
| **ALL CLIENTS:** |
| **Issues identified by referrer (refer to list):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **What actions due you perceive necessary to assist this client:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **REFFERAL AGENCY** |
| **Name:**  |
| **Organisation:**  |
| **Address:**  |
| **Telephone:**  |
| **Referral Date:** |

|  |
| --- |
| **PLEASE NOTE:****Babies discharged from Special Care Nursery and the Paediatric Unit will have their Generic Home Visit attended by their allocated centre in the first instance prior to being seen by the Enhanced Maternal & Child Health Service.** **Enhanced Home Visiting Service appointments will NOT be allocated until a referral is received. Please be aware, time frames for Enhanced Maternal & Child Health engagement may vary according to current workloads. Alternative arrangements may need to be made prior to discharge. Your patience is appreciated.****Please return completed form to:****council@shepparton.vic.gov.au** |

**ISSUES**

**Access to:**

* Child care
* Transport

**Behaviour:**

* Adolescent(Parent)
* Child 2 – 11 years
* Infant Child <2 years
* Adolescent (Parent)

**Child Protection Involvement:**

* Mother notified in pregnancy
* Child emotional abuse-notification
* Child neglect-notification
* Child physical abuse-notification
* Child sexual abuse-notification

**Disability -Intellectual:**

* Adult
* Development delay – child <6 years

**Disability –Physical:**

* Adult
* Child 2-11 years
* Infant child <2 years

**Family Violence:**

* History of
* Present
* Parent anger management
* Verbal abuse

**Financial and Household:**

* Bills not paid-services being withdrawn
* Budgeting & financial management
* Household

**Health –Mental:**

* Adult- diagnosed
* Child to 11 years- diagnosed
* Adult- requiring further information
* Child to 11 years- requiring further assessment
* Maternal- emotional health issues arising from birthing
* Post-natal depression
* Depression
* Emotional anxiety – stress
* Self-harm – history
* Suicide attempts or ideations
* Other death

**Juvenile Justice Involvement**

* History of
* Present

**Migrant Settlement:**

* History of torture or trauma
* Immigration issues
* Settlement issues

**Health- Physical:**

* Child / Adolescent / Adult- chronic or terminal
* Child / Adolescent / Adult- acute
* Child or adolescent acute
* Child or adolescent- acute
* Infant- complications arising from birth weight <1,500 grams
* Infant – Extremely premature
* Infant – Premature (not extremely)
* Child- congenital malformation
* Child- failure to thrive
* Child- sleep & settling
* Maternal- complications arising from birthing
* Breastfeeding difficulty
* Other feeding difficulty for a child
* Family planning

**Housing:**

* Home safety
* Inadequate- inappropriate

**Isolation:**

* Physical
* Social

**Parenting:**

* Insufficient supervision of children
* Underdeveloped parenting skills
* Bonding & attachment
* Setting limits & boundaries
* Teenage mother

**Pregnancy:**

* Adolescent
* Adult

**Relationships:**

* Child contact- family court
* Closely spaced children or multiple births
* Mother-baby separation
* Relationship: parent-adult
* Relationship: parent-adolescent 12-17 years
* Relationship: partner-partner

**Substance abuse:**

* Adult
* Child or adolescent 12-17 years

**Unresolved grief:**

* Death of prior child(ren)
* Other death
* Other issues

Greater Shepparton City Council complies with the Information Privacy Principles contained in the Information Privacy Act 2000 (Vic) and the Health Records Act 2001.

The information recorded on these forms complies with the above acts and relevant regulatory requirements. A copy of the Greater Shepparton City Council Information Privacy Policy is available on request.