

## NSW PRS REFERRAL FORM

To assist with the eligibility, triage and prioritisation process, please complete as much information as possible. Recent medical reports that contain the relevant information can be included.

Referral addressed to Dr (name of a specific Paediatric Rehabilitation Medicine physician is required)

Referring doctor name

Provider number

Address

Email

Phone

Fax

Is family aware of referral?

Yes/No

Child or young person's surname

Child or young person's first name

DOB

Male / Female / Other

Country of birth

MRN (if known)

Primary parent / guardian contact details

Relationship

Surname

First name

Address

Email

Phone

Language other than English spoken

Interpreter required

Child or young person's health condition

If available, include diagnosis, date of onset

Current medications

Diagnostics - please attach copies of relevant investigations/photos/reports/letters to assist with triage process

<b>Reason for referral &amp; rehabilitation goals – tick all that apply and/or provide details below</b>					
<input type="checkbox"/> Multi-disciplinary rehabilitation plan / assessment		<input type="checkbox"/> Pharmacologic treatment of functional impairment			
<input type="checkbox"/> Specialist equipment prescription		<input type="checkbox"/> Specialist orthotic/prosthetic prescription			
<input type="checkbox"/> Neuromodulation techniques (eg. selective dorsal rhizotomy, intrathecal baclofen, deep brain stimulation)		<input type="checkbox"/> Advice re novel rehabilitation therapies			
<input type="checkbox"/> Other, please specify					
Further information re reason for referral or rehabilitation goals					
<b>Multi-disciplinary support</b>					
A – tick this column if the child or young person currently has, or has had this service involved in the last 12 months – including one off assessment					
B – tick this column if the child has a need for this service but is not receiving it and has not received it in the last 12 months					
A	B		A	B	
		Specialist medical consultant Specify:			Other health or support worker Specify
		Nursing			Social work
		Physiotherapy			Clinical psychology
		Occupational therapy			Neuropsychology
		Speech pathology			Case Manager / coordinator
		Orthotics/Prosthetics			
Does the child or young person receive educational support eg. SLSO/teacher's aide, learning support teacher, school counsellor? This could include a one-off assessment					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Don't know	
Does the child or young person have a current NDIS plan?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Don't know	
Further information about multi disciplinary support needs or services being provided					

**Activity limitations and participation restrictions**

Is the child or young person limited or restricted in any way in their ability to do the things most children of the same age can do? Tick all that apply and/or provide details below

<input type="checkbox"/> <b>Learning and Applying Knowledge</b> E. g. Watching, listening, exploring; play; learning information & skills, incl academics; focussing attention, problem solving, understanding concepts, applying knowledge	<input type="checkbox"/> <b>General Tasks and Demands</b> E.g. Completing single or multiple tasks; managing routines and time; handling responsibilities; managing own behaviour
<input type="checkbox"/> <b>Domestic life</b> E.g. Helping with household chores,; helping look after others; taking care of belongings	<input type="checkbox"/> <b>Interpersonal Interactions and Relationships</b> E.g. Interacting appropriately with others (family, friends, strangers, etc); understanding social cues/rules
<input type="checkbox"/> <b>Communication</b> E.g. Expressive, receptive; verbal, non verbal, written; conversation, discussion, using devices	<input type="checkbox"/> <b>Major Life Areas</b> E.g. Engaging in play, pre school, school, basic economic transactions
<input type="checkbox"/> <b>Mobility</b> E.g. Sitting, standing, moving around, walking, using transport; handling, using, passing objects	<input type="checkbox"/> <b>Community, Social and Civic Life</b> E.g. Sports, music, drama, art, other hobbies; socialising with friends
<input type="checkbox"/> <b>Self Care</b> Eg. Washing, grooming, toileting, dressing, eating, drinking, health care	

Further information about activity limitations and participation restrictions

Has there been any recent change in everyday function (improvement or decline)?

**Priority populations**

Does the child or young person's background or their family background include any of the following factors?

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Cultural & linguistic diversity
<input type="checkbox"/> Out of Home Care	<input type="checkbox"/> First 2000 Days of life	<input type="checkbox"/> Rural or regional location
<input type="checkbox"/> Refugee or asylum seeker background	<input type="checkbox"/> Family psychosocial or mental health concerns	<input type="checkbox"/> Low income/financial stress
<input type="checkbox"/> Access support via Centrelink, Dept of Communities, or Non Govt Organisation	<input type="checkbox"/> Other vulnerability:	