



## Referral to Community Paediatrics

### RESILIENT KIDS CLINICS

Community Paediatrics offers comprehensive paediatric health and wellbeing assessment and management for several marginalised populations in South Western Sydney. We have a variety of clinics throughout the district. Following our intake we will allocate the child/young person to the most suitable clinic.

Our clinics are reserved for families with **significant vulnerabilities** who are not able to be managed in private paediatric care. If your family is able to access private paediatric care please consider this. For a list of private paediatricians, please refer to South Western Sydney Health Pathways website at <https://sws.communityhealthpathways.org/86352.htm>.

**Please do not use this form to refer for urgent medical assessments related to physical abuse or sexual assault. For these matters, contact the Child Protection Clinician through Liverpool Hospital Switch on 8738 3000**

Please complete a separate form for each child. Place a cross in the box where necessary.

#### SWSLHD Region

Bowral     Campbelltown     Liverpool     Fairfield     Bankstown     Other

#### Vulnerabilities (may choose more than one)

<input type="checkbox"/> Exposure to family violence	<input type="checkbox"/> Socioeconomic disadvantage (e.g. Health care card)
<input type="checkbox"/> Parental Drug and Alcohol concerns or history	<input type="checkbox"/> Difficulty accessing private health care services
<input type="checkbox"/> Parental Mental Health concerns or history	<input type="checkbox"/> Culturally and Linguistically Diverse Background
<input type="checkbox"/> Concerns around physical or sexual abuse	
<input type="checkbox"/> Concerns around neglect or emotional abuse	
<input type="checkbox"/> Other child protection concerns	

#### Issues or Concerns (may choose more than one)

<input type="checkbox"/> Medical	<input type="checkbox"/> Child/Young Person is in Out of Home care
<input type="checkbox"/> Behavioural	<input type="checkbox"/> Admission to hospital with Child Protection concerns
<input type="checkbox"/> Developmental	<input type="checkbox"/> Refugee Health
<input type="checkbox"/> Learning at school	<input type="checkbox"/> Aboriginal Health
	<input type="checkbox"/> Adolescent Health

**Please specify in more detail the concerns you would like assessed**



## **Additional Information**

Providing the additional details below will help us ensure that your child is allocated to the clinic with the most appropriate staff and resources to assess your child. If we do not have enough information at the time of intake, we may return the referral to request further information be provided.

### **Family History**

Please provide details about the child's family (including known information about biological parents if they are not the current carers)

**Mother's name, age (DOB) and any known maternal history (including family history on maternal side):**

**Father's name, age (DOB) and any known maternal history (including family history on paternal side):**

**Sibling(s) name, age (DOB) and any known history or diagnosis:**

### **Services Involved**

**Does the child/young person have a caseworker? Please provide contact details.**

**Are the family linked to an NGO? Please provide details.**

**Does the child/Young Person have a regular or previous General Paediatrician? Please provide contact details and last time assessed.**

**Are there any other services current or previously involved? Please list.**

### **Previous Assessments**

Has the child had previous assessments eg. Medical reports, developmental assessments, assessments by a school counselor or allied health staff (speech pathologist/ occupational therapist/ physiotherapist/ psychologist). Please provide assessment results and contact details (if known) of therapist. Reports can be faxed or attached with referral.

### **Send completed referrals to**

Fax: (02) 8738 4800

Email: [SWSLHD-ComPaedIntake@health.nsw.gov.au](mailto:SWSLHD-ComPaedIntake@health.nsw.gov.au) OR

Mail: Compaeds Intake - PO Box 3084 LIVERPOOL, NSW 2170

**For all clinic enquiries, please ring (02) 8738 4844**

**ADMIN USE ONLY**

**Appropriate for Resilient Kids Clinics:**

- Branches:**     Liverpool                       Bankstown                       Campbelltown                       Bowral
- Refugee:**     Liverpool                       Fairfield                       Fairfield (Developmental)
- DBLD:**        Liverpool                       Fairfield                       Bankstown                       Rosemeadow
- Youth:**        Fairfield                       Bankstown                       Campbelltown
- Willow:**      Liverpool                       Fairfield                       Mawson Park                       Miller Hub
- CFHN:**        Ingleburn                       Wollondilly                       Bankstown
- Aboriginal:**  Waranwarin                       Miller                       Liverpool                       Bankstown
- WHIN:**        Bankstown                       Bowral                       Campbelltown                       Claymore PS  
 Fairfield
- Other:**         TBS                                       Claymore/Mawson Park

**Not appropriate:**

- Insufficient information about reason for referral
- Out of area
- Needs formal developmental assessment → redirected to CDAS
- Insufficient information about vulnerabilities
- Other: \_\_\_\_\_

**Staff member name:** \_\_\_\_\_

**Date:** \_\_\_\_\_