

Dietetics and Diabetes Education

PAEDIATRIC REFERRAL FORM



Date: _____

Personal Details

Childs Name: _____ Date of Birth: ___ / ___ / ___ Gender: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Address: _____

Suburb: _____ Postcode: _____

Preferred Contact Name: _____

Phone: _____ Email: _____

School: _____

Family Relationships (*siblings, family living with the child*):

Person Completing Referral Form: _____

Referral Details

- Does your child have: Medicare Enhanced Primary Care Plan or Team Care Arrangement
 Private Health Insurance

NDIS Details

Does the person have an NDIS Plan: Yes No

How is the NDIS Plan Managed:

Self-managed

Person responsible for payment: _____

Phone: _____ Email: _____

Are you able to pay upfront? Yes No

Plan Managed

Business Name: _____ Contact Name: _____

Phone: _____ Email: _____

Agency Managed

Support Coordinator

Support Coordinator Name: _____

Phone: _____ Email: _____

****Please include a copy of the NDIS Plan to assist with processing of the referral****

General Practitioner

General Practitioner Name: _____

GP Practice: _____

Do you give consent for us to liaise with the GP if necessary: Yes No

Allied Health Service Required

- Dietitian Diabetes Educator

Please continue to next page

Reason for Referral and Other Information

Please describe concerns: (e.g. fussy eating, overweight, constipation, food allergies or intolerances, growth faltering):

Relevant Medical History (e.g. full term pregnancy, medication, supplements, weight history, current and previous diagnosis):

Other service providers involved, including previous therapy (please provide name):

Any additional information that you feel is relevant to this referral:

Please return this completed form, a copy of the NDIS plan and any other relevant documentation to

Amity Health via one of the following methods:

Post: PO Box 5294, ALBANY WA 6332

Fax: 9842 2798

Email: query@amityhealth.com.au

Thank you for your referral. Amity Health will contact you as soon as possible to discuss your referral.

For more information please visit our website www.amityhealth.com.au or

contact Amity Health on 9842 2797