



# ecm

## EDUCATIONAL CASE MANAGEMENT CLINICAL ALLIED HEALTH SERVICES

Psychology • Speech Pathology • Occupational Therapy • Behavioural Support • Education

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### NEW CHILD ADOLESCENT REFERRAL FORM - CLIENT DETAILS

Client's Name:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Pronouns:	<input type="text"/>		Date of Birth: <input type="text"/>
Address:	<input type="text"/>		Postcode: <input type="text"/>
School:	<input type="text"/>		School Phone: <input type="text"/>
Teacher's Name:	<input type="text"/>		Year at School: <input type="text"/>
Sibling's Name(s):	<input type="text"/>		Sibling Age(s): <input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

### MEDICAL INFORMATION

Family Doctor:	<input type="text"/>	Doctor Phone:	<input type="text"/>
Medical Condition/Previous Diagnosis - <i>describe if applicable:</i>	<input type="text"/>		Medication(s) - <i>list if applicable:</i>
	<input type="text"/>		<input type="text"/>
Referrer's name and agency ( <i>if not the Family Doctor</i> ):	<input type="text"/>		
Medicare No:	<input type="text"/>	Number on card:	<input type="text"/>
National Disability Insurance Scheme No.:	<input type="text"/>	Date Commenced:	<input type="text"/>
Do you have a Mental Health Care Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have an Enhanced Care Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N

### PARENT 1 DETAILS

Parent 1 Name:	<input type="text"/>		
Address:	<input type="text"/>		Postcode: <input type="text"/>
Occupation:	<input type="text"/>		Mobile No.: <input type="text"/>
Email Address:	<input type="text"/>		
Family History - Mental Health:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/> <i>Diagnosis:</i>	
Family History - Learning Problems:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/> <i>Diagnosis:</i>	

## PARENT 2 DETAILS

Parent 2 Name:

Address:  Postcode:

Occupation:  Mobile No.:

Email Address:

Family History - Mental Health:  Y  N

Family History - Learning Problems:  Y  N

## LIVING ARRANGEMENTS

Primary carer(s):  Languages spoken at home: *(list below)*

Current Custody arrangements:    
*- if applicable*

Case Manager:  Organisation:

Email Address:

## CHILD'S STRENGTHS

*e.g. literacy, maths, art, music, sport, debating, social*

1

2

3

4

5

## CHILD'S WEAKNESSES

*e.g. literacy, maths, art, music, sport, debating, social*

1

2

3

4

5

Organised activities after school - please list if applicable:

## MAIN CONCERNS

Parent 1:

Parent 2:

## DEVELOPMENTAL HISTORY: (if relevant)

Language:

Motor Skills:

Social/Adaptive:

Sleep:

Toileting:

Diet:

Personal Care:

Other:

## MEDICAL/ASSESSMENT HISTORY:

Has your child been assessed by any of the following professionals?

NAME/ REPORT ATTACHED

Neuro-Psychologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Paediatrician	<input type="checkbox"/> Y	<input type="checkbox"/> N
Psychologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Psychiatrist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Endocrinologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
School Counsellor	<input type="checkbox"/> Y	<input type="checkbox"/> N
Speech Pathologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Occupational Therapist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Behavioural Optometrist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Audiologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Immunologist	<input type="checkbox"/> Y	<input type="checkbox"/> N

Does the child receive remedial assistance at school?  Y  N

If yes, please describe assistance:

**PLEASE ENSURE YOU BRING ALL REPORTS TO YOUR CONSULTATION**

## PRESENTING CONCERNS AT HOME AND AT SCHOOL

### 1) BEHAVIOUR

- Reactive and explosive behaviours (e.g. tantrums, throws objects, scribbles furiously)
- Argumentative (e.g. continual confrontations)
- Struggles to conform (e.g. consistently defiant, ignores the word "No")
- Has little remorse (e.g. displays little concern over their behaviour)
- Seems to lack empathy (e.g. displays little concern over others)
- Has a desperate need to feel as though they are in control (e.g. needs to know what is going on)
- Consequences makes no difference (e.g. punishment causes more a deterioration in self- worth)
- Always seems to be avoiding issues (e.g. due to fear of failure, lack of confidence, low self-esteem)
- Self harms (e.g. hitting head, picks skins, pulls hair)
- Little resilience (e.g. sensitive to criticism, over focuses on issues, can't bounce back, can't accept logic)
- Presents inattentive
- Unable to focus & concentrate

### 2) COMMUNICATION

- Do unfamiliar listeners have difficulty understanding your child? (I.e. speech intelligibility).
- Difficulty communicating their needs (e.g. struggles to express themselves, poor vocabulary)
- Can't sequence ideas into a story or instruction (e.g. gets mixed up, poor working memory)
- Difficulty describing events (e.g. forgets some of the detail)
- Doesn't respond to requests (e.g. acts as though they are hearing impaired)
- Doesn't follow instruction (e.g. gets confused, forgets easily, becomes distracted)
- Shows little interest in a story (e.g. difficulty to engage, inattentive)
- Good vocabulary but unable to gain good results in written expression (e.g. underachieving at school)
- Struggles with social communication cues (e.g. takes things literally, difficulty in understanding others)
- Unable to identify social cues
- Becomes frustrated when unable to communicate their needs

### 3) MENTAL HEALTH

- Low self-esteem (e.g. doesn't believe in themselves, has little respect for "self")
- Lack of confidence (e.g. presents as shy, unable to meet their potential, easily intimidated)
- Can become easily irritated and frustrated (e.g. gets angry with themselves and others, sensitive) Experiences
- negative thoughts (e.g. "I'm not good enough!", "No one likes me!")
- Can get very fearful and anxious (e.g. feels sick often, mood changes without obvious triggers)
- Displays distorted views (e.g. "I am at the bottom of the class!", "They purposely did that to me!")
- Struggles in adapting to new environments (e.g. struggles with new teachers, scared of new places)
- Prefers to be alone (e.g. prefers to be in their bedroom, doesn't crave for time with friends)
- Always seems moody (e.g. moods change with occasion, can become depressed easily)
- Looks and acts depressed (e.g. doesn't get excited, looks 'flat' with emotion, changes in sleep and appetite)
- Unable to apply themselves to a hobby, sports and school work (e.g. little application & commitment) Often
- refuses to go to school, camp, carnivals (e.g. feels sick prior to occasion, over focuses on event)

### 4) SOCIAL

- Minimal friendships
- Reluctant to talk to peers (e.g. doesn't interact, stands back, allows others to take control)
- Presents with social anxiety or avoids social occasions
- Talks about inappropriate things (e.g. seems immature, talks about own interests)
- Overly focused on friendships (e.g. craves for 1:1 interaction, craves attention & acceptance)
- Prefers to play alone (e.g. avoids after school play, avoids playground, looks disinterested)
- Has difficulty engaging in social play (e.g. doesn't interact, struggles to take turns, parallel plays)
- Gets overly excited when with peers (e.g. does silly things, becomes impulsive, poor behaviour)
- Often refuses to go to school, camps, carnivals (e.g. always suffering from a cold or stomach pain)
- Seems less mature than their peers (e.g. has interests similar to younger children, acts young)

## 5) SELF CARE

- Struggles to be independent (e.g. needs assistance with dressing, needs prompting to eat)
- Toileting issues (e.g. late toilet training, wets the bed occasionally, often constipated)
- Struggles with personal hygiene (e.g. reluctant to wash themselves, forgets to clean teeth)

## 6) ATTENTION/CONCENTRATION/ORGANISATION

- Presents as selectively inattentive (e.g. highly attentive when using technology)
- Becomes bored easily (e.g. needs constant stimulation, struggles with subjects they find difficult)
- Struggles to sit still for periods of time (e.g. fidgets, hyperactive, impulsive)
- Has difficulty organising "self" (e.g. poor executive functioning, needs constant reminding)
- Has difficulty completing school tasks (e.g. can't concentrate, finds homework overwhelming)
- Has difficulty expressing themselves on paper (e.g. poor creative writing, can't organise thoughts)
- Is easily distracted (e.g. can't study with background noise, always feels they are missing out)
- Can be impatient and impulsive (e.g. wants things "now", unable to wait their turn)

## 7) SENSORY

- Dislikes noisy settings (e.g. hates crowded areas, inappropriate behaviours when shopping)
- Over reacts with lots of visual information (e.g. prefers simplicity, prefers words than pictures)
- Dislikes certain food and clothing textures (e.g. sensitive to underpants & socks, dislike meat)
- Seems very sensitive and over reactive (e.g. prefers calming settings, reactive to simple changes)
- Presents more relaxed with certain objects (e.g. ipad, listening to music, certain toys and games)

## 8) GROSS AND FINE MOTOR SKILLS

- Avoids sport (e.g. presents as lazy, dislikes team sport, prefers to be inside on the computer)
- Appears uncoordinated (e.g. struggles to catch a ball, not keen to ride a bike)
- Avoids tasks with written components (e.g. complains tasks are too hard, hates homework)
- Poor handwriting (e.g. unable to write on the line, writes letters backwards, untidy)
- Appears to be slow and/or tense when writing (e.g. complains of a sore hand and arm)

## 9) VISUAL PROCESSING

- Difficulties in copying of the board (e.g. slow, makes mistakes, misses information)
- Difficulty in copying and handwriting (e.g. struggles to write it down, can't be interpreted)
- Difficulty processing visual material (e.g. prefers verbal instruction, cannot see detail)

## 10) LANGUAGE SKILLS

- Acquired phonological awareness and sight words consistent with age
- Reverses letters/numbers, writes words backwards, writes letters out of order
- Becomes bored easily (e.g. needs constant stimulation, struggles with some subjects)
- Has difficulty with the sequence of letters and words as they write.
- Experiences difficulty with the "mechanics" of writing (spelling, punctuation, etc.).
- Exhibits strong verbal skills
- Is dependent on context when reading and comprehending.
- Is a slow reader.

## EXERCISE MEDICAL CLEARANCE

Primary Diagnosis:

### Secondary Conditions:

Heart Disease (cardiovascular, cholesterol, DVT):

Y  N

Details:

Respiratory Conditions:

Y  N

Details:

Is there any current management plan?

Y  N

Auto-immune disease:

Y  N

Details:

Neurological conditions:

Y  N

Details:

Cancer:

Y  N

Details:

Currently undergoing treatment?

Y  N

Diabetes/Metabolic conditions:

Y  N

Details:

Is there a current management plan?

Y  N

Please include your most recent BGL reading:

High or low blood pressure:

Y  N

Details:

Please include your most recent BP reading:

Kidney disease:

Y  N

Details:

Pregnancy: (please list any medical considerations)

Y  N

Details:

Major surgeries/injuries:

Y  N

Details:

Musculoskeletal considerations

Y  N

Details:

Arthritis  Osteoporosis

Mental Health:

Y  N

Details:

Depression  Anxiety  PTSD  Eating disorders

Epilepsy:

Y  N

Details:

Controlled?  Y  N

Is there a current management plan?

Y  N

Other: (history of fainting, dizziness)

Y  N

Details:

Please attach medication list, epilepsy plan, asthma plan or diabetes plan

### Consent to:

Engaging in strength and aerobic fitness exercise

Y  N

Engaging in moderate to high intensity exercise

Y  N

Engaging in weight bearing exercises (full or partial, please circle)

Y  N

Declaration: I \_\_\_\_\_ hereby declare that I am fit to participate in a gym environment (as described above), considering the precautions outlined in this document.

Signature: \_\_\_\_\_

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

GP Contact Details: \_\_\_\_\_

## GENERAL COMMENTS:

Is there anything else we need to be aware of?

## CONFIDENTIALITY

This gathering of information is a necessary part of the assessment, diagnosis, and treatment procedure, and is seen only by the Clinician. All personal information gathered by the clinician during the provision of the service will remain confidential and secure within the practice except where:

1. A written report is compiled and consent is given to forward the report to another professional or school / agency
2. Failure to disclose the information would place you or another person at 'risk of harm'
3. Your prior approval has been obtained
4. Discussion of the material is required with another person

## FEES

Fees and report costs are payable at the end of the session. *Health Fund and Medicare rebates apply.*

The cost of a **Allied Health Professional consultation (50 minutes)** ranges from \$150-\$250 per hour, which is payable at the end of the session. The cost of a **Allied Health Professional report (1-4 hours - comprehensive report)** ranges from \$175 - \$850, which is payable on the day of the assessment.

NDIS rate of service is identified by the hourly 2022 NDIS price guide.

If for some reason you need to cancel or postpone your appointment, please notify Educational Case Management. Please be aware that the following charged will apply:

**Medicare and Full-Fee Appointment** - A cancellation fee of \$80 is applied to any cancellation where you have not given 48 hours notice

**NDIS Appointments**- 100% of the agreed fee associated with the activity from the participant's plan if the participant has given less than (2) clear business days' notice for a support.

I consent to receiving newsletters and updates from ECM  Y  N

## CREDIT CARD DETAILS

Name on card:  CVC:   
Card number:  Date of Expiry:

**PLEASE NOTE THESE DETAILS WILL ASSIST WITH MEDICARE REBATES, PAYMENTS AND CANCELLATION FEES.**

## DECLARATION

Signature:  Signature:   
Date:  Date:

## VERY IMPORTANT INFORMATION:

Please PRINT or EMAIL your completed document to: [info@ecmonhudson.com](mailto:info@ecmonhudson.com)

Please ensure you **bring all reports** to your initial consultation.

Please Note: ECM are **mandatory reporters** and obligated to report **ALL suspicions or allegations** of abuse