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| Children’s Health Queensland Hospital and Health Service  **Referral - VOLUNTEER SUPPORT**  **Zero to Four Family Support Service**  **Phone: 07 3266 0300 Facsimile: 07 3266 0344** | (Affix patient identification label here)  URN: Sex: M F  Family name:  Given names:  Address:  Date of birth: Telephone: | | |
| **Is the parent/guardian aware of the information to be provided below and in agreement with the referral being made?** Yes No  **If no, then please obtain consent for referral prior to continuing.**  **NB: Family Support Volunteers are available only in Brisbane’s north and western suburbs** (refer to catchment list) | | | |
| **REFERRER DETAILS** | | | |
| Name: Position: Date of referral: Organisation name:  Postal address: Postcode:  Telephone: Fax: Email: | | | |
| **UNBORN / INFANT / YOUNG CHILD (0 - 4yrs) with presenting concern requiring Volunteer Family Support** | | | |
| Family name: Given names:  DOB / EDC: Sex: M F Indigenous status:  Address: Postcode Country of birth:  Resides with parents? Yes No If yes: Full-time Shared care Part-time  Details: | | | Foster or kinship care |
| **PARENT / CAREGIVER** | | | |
| Family name: | | Family name: |  |
| Given names: | | Given names: |  |
| Relationship to infant/child: | | Relationship to infant/child: |  |
| DOB: | | DOB: |  |
| Address: Postcode: | | Address: Postcode: |  |
| Ph (H): (Mob): | | Ph (H): (Mob): |  |
| (W): Indigenous status: | | (W): Indigenous status: |  |
| Country of birth: | | Country of birth: |  |
| Year of arrival: | | Year of arrival: |  |
| **Interpreter required:** Yes No | | **Interpreter required:** Yes | No |
| **Language:** | | **Language:** |  |
| **OTHER SIBLINGS IN HOUSEHOLD** | | | |
| **Names and DOB of other children in family not listed above?**  **1. 2.**  **3. 4.**  **Have other siblings of this child been referred as well?** Yes  No  **If so, please provide names and DOB of referred siblings:** | | | |
| **What are the presenting concerns regarding the family requiring referral for Volunteer Family Support?**  (please include relevant health and developmental issues) | | | |
| **History of the presenting concerns noted above:** | | | |

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| **What are the goals/outcomes desired for the family from the referral?** | | | | | |
| **What interventions / referrals have been offered to the family to date to address these concerns? What were the outcomes?** | | | | | |
| **Other relevant issues regarding the caregivers** | | | | | **Comments** |
| Substance abuse | Yes | No | Unknown | | Illicit substance, past/present, frequency of use, date of last use, method of use |
| Trauma | Yes | No | Unknown | | Current/past, include domestic violence and childhood trauma and abuse |
| Mental health | Yes | No | Unknown | | Diagnosis, medication, MHA |
| Social isolation | Yes | No | Unknown | |  |
| Physical health and/or disability | Yes | No | Unknown | |  |
| Learning/intellectual disability | Yes | No | Unknown | |  |
| Other family stressors | Yes | No | Unknown | | e.g. financial, bereavement, housing, relationship difficulties, recent immigration |
| **Known or suspected history of violence and/or aggression towards people and/or property?**  Yes No Unknown  If yes, please give details: | | | | | |
| **Is Department of Child Safety involved?** Yes No Unknown | | | | | |
| Child Safety Service Centre: Contact person: Phone: | | | | | |
| **Are there any current child protection concerns?** Yes No  **If yes, please provide details:** (note identified child protection concerns should be reported by the referrer through normal processes regardless of this referral)  Is the family currently on an Intervention with Parental Agreement? Yes No Unknown | | | | | |
| **OTHER SERVICES CURRENTLY INVOLVED WITH THE FAMILY** | | | | | |
| **What other agencies are involved?**  Child Health Social Worker Psychiatrist Developmental Service/Allied Health 0-4 CYMHS Psychologist General Practitioner NGO: specify  Paediatrician Adult Mental Health Other: | | | | | |
| **Agency name** | | | | **Agency name** | |
| Address: | | | | Address: | |
| Contact person: | | | | Contact person: | |
| Phone: | | | | Phone: | |
| Support provided: | | | | Support provided: | |
| **Agency name** | | | | **Agency name** | |
| Address: | | | | Address: | |
| Contact person: | | | | Contact person: | |
| Phone: | | | | Phone: | |
| Support provided: | | | | Support provided: | |
| **Have referrals been made to any other services?** Yes No If yes, please provide details of these agencies and goals of referral. | | | | | |
| **GENOGRAM Can be sent separately** | | | | | |

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| **Legend**   Male (placed left)   * Female (placed right)    Offspring’s |  Death  // Divorce  / Separation |  | Unknown |
| **ANY OTHER RELEVANT INFORMATION?** | | | |
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| ***For referrals for allocation of a Family Support Volunteer:-***  The Zero to Four Family Support Service considers the allocation of a Family Support Volunteer as one PART of an overall support plan for the family. Will your agency hold responsibility for co-ordinating the overall support plan for this family?  Yes No | | | |
| If you have ticked yes, as Case Manager/Care Coordinator what is your plan for how a volunteer could benefit the family and support the work you are doing with the family? | | | |
| What length of time do you anticipate being involved with the family? | | | |
| If you have ticked no, you are required to provide details of the responsible agency that is currently working with the family: | | | |
| Agency: | | | |
| Worker: | | | |
| Address: | | | |
| Telephone: | Fax: | | |
| The Case Manager will inform Zero to Four Family Support Service if this family is exiting their service, and will work collaboratively with 0-4 FSS to locate an alternative Case Manager. Yes No | | | |
| The Case Manager will attend the initial meeting at the family home with the Zero to Four Family Support Service Coordinator. Yes No | | | |

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| **PLEASE ENSURE ALL DETAILS ARE COMPLETED ON ALL 3 PAGES FOR PROMPT ASSESSMENT OF**  **THE REFERRAL.** If any question is unclear, please call **(07) 3266 0300** to discuss. Signature: Date:  **ALERT: While medical officers and registered nurses are mandated to report abuse and neglect to statutory authorities, all referring parties have a duty of care to ensure the safety and protection of children and young people from physical, psychological, or emotional harm. Where child protection concerns have been identified, contact the relevant Child Safety Services office in your local area, or Crisis Care after hours on 3235 9999 or 1800 177 135*.***  **Please return this form to:**  [CHQ-CYMHS-FamilySupport@health.qld.gov.au](mailto:CHQ-CYMHS-FamilySupport@health.qld.gov.au)  **or**  **Fax to: 3266 0344**  **or**  **Postal Address: 31-33 Robinson Road**  **NUNDAH Q 4012** |

Zero to Four Family Support Service Catchment Postcode List

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| Albany Creek 4035  Albion 4010  Alderley 4051  Anstead 4070  Arana Hills 4054  Armstrong Creek 4520  Ascot 4007  Ashgrove 4060  Aspley 4034  Auchenflower 4066  Bald Hills 4036  Banyo 4014  Bardon 4065  Bellbowrie 4070  Boondall 4034  Bowen Hills 4006  Bracken Ridge 4017  Bray Park 4500  Brendale 4500 Bridgeman  Downs 4035  Brighton 4017  Brisbane 4000  Brookfield 4069  Bunya 4055  Bunyaville 4053  Camp Mountain 4520  Carseldine 4034  Cashmere 4500  Cedar Creek 4520  Chapel Hill 4069  Chermside 4032 Chermside  South 4032 | Chermside West 4032  Clayfield 4011  Clear Mountain 4500  Closeburn 4520  Dakabin 4503  Dayboro 4521  Deagon 4017  Dorrington 4060  Draper 4520  Eagle Farm 4009  Eagle Junction 4011  Eatons Hill 4037  Enoggera 4051  Everton Hills 4053  Everton Park 4053  Ferny Grove 4055  Ferny Hills 4055 Fig Tree Pocket 4069 Fitzgibbon 4018  Fortitude Valley 4006  Gaythorne 4051  Geebung 4034  Gordon Park 4031  Grange 4051  Griffin 4503  Grovely 4054  Hamilton 4007 | Hendra 4011  Herston 4006  Highvale 4520  Indooroopilly 4068  Ironside 4067  Ithaca 4059  Jolly’s Lookout 4520  Joyner 4500  Kallangur 4503  Karana Downs 4306  Kedron 4031  Kelvin Grove 4059  Kenmore 4069  Kenmore Hills 4069  Keperra 4054  King Scrub 4521  Kobble Creek 4520  Kurwongbah 4503  Lacey’s Creek 4520  Lawnton 4501  Lutwyche 4030  Mango Hill 4509  McDowall 4053  Milton 4064  Mitchelton 4053  Moggill 4070  Mt Coot-tha 4066  Mt Crosby 4306 | Mt Glorious 4520  Mt Nebo 4520  Mt Pleasant 4521  Mt Samson 4520 Murrumba Downs  4503  New Farm 4005  Newmarket 4051  Newstead 4006  North Lakes 4509  Northgate 4013  Nudgee 4014  Nudgee Beach 4014  Nundah 4012  Ocean View 4521  Oxford Park 4053  Paddington 4064  Petrie 4502  Petrie Terrace 4000  Pinjarra Hills 4069  Pinkenba 4008  Pullenvale 4069  Rainworth 4065  Red Hill 4059  Rosalie 4064  Rush Creek 4521  Samford 4520  Samsonvale 4520  Sandgate 4017 | Shorncliffe 4017  Spring Hill 4000 St Johns Wood 4060 St Lucia 4067  Stafford 4053  Stafford Heights 4053  Strathpine 4500  Taigum 4018  Taringa 4068  Teneriffe 4005  The Gap 4061  Toombul 4012  Toowong 4066  Torwood 4066  Upper Brookfield 4069  Upper Kedron 4055  Virginia 4014  Warner 4500  Wavell Heights 4012  Whiteside 4503  Wight’s Mtn 4520  Wilston 4051  Windsor 4030  Wooloowin 4030  Yugar 4520  Zillmere 4034 |