



Referral Form for Children under 5 years

Thank you for taking the time to contact our service. Please provide as much information as you can, as this will help us decide whether we are the best service to support your tamaiti.

Name of Child:

Address:

DOB: NHI:

Ethnicity: Language/s Spoken at Home:.....

Parents/Caregivers:

Contact phone number/s:

Email address:

GP:

Preschool/Kohanga/Kindergarten:

Days and Hours Attending:

Contact Person there:

Parent/Caregiver permission to contact preschool: Y/N

Who is filling in this form:

Relationship to child: Phone:

Parent/Caregiver permission for this referral: Y/N

Does your child and/or whānau receive support from other services (e.g., Family Start, Public Health Nurse, Ministry of Education) – now or in the past:

.....
.....

What does your child enjoy doing?

.....
.....

Please describe the concerns you have about your child's development:

Please describe any concerns you have about your child's:

- Hearing/Vision
.....
- Health
.....
- Speech and Language skills
.....
- Learning/Thinking Skills
.....
- Physical Skills
.....
- Behaviour
.....
- Sensory
.....
- Getting on with other children
.....
- Feeding
.....
- Self-Care
.....

Please attach information from preschool/kohanga if you have any

*Please email completed form to: ChildDevelopmentServiceDn@southerndhb.govt.nz
Or post to the address above*