Health New Zealand
Te Whatu Ora

Ratoka Whakawhanake Tamaiti
Child Development Service
Vera Hayward Centre

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, to help us decide if we are the best service to support your tamaiti.

Child's name: ……

Address: ……

DOB: …… NHI: ……

Ethnicity: ……

Language/s spoken at home: ……..

Preferred language: ……..

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

REFERRER DETAILS

Name: ……

Relationship to child: …… Phone: ……

Email address: ……

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? ……

……..

……..

Reason for referral:

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

Have you considered any diagnoses e.g. Autism, ADHD, Developmental Delay?

- 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:

Child Development Service
Vera Hayward Centre
Fraser Building
154 Hanover St
Dunedin 9054