REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**PAEDIATRIC CLINIC**

Template for correspondence about patient with

**DEVELOPMENT, BEHAVIOURAL AND LEARNING CONCERNS**

|  |  |
| --- | --- |
| **SEND TO**: A/Professor Sue Moloney (Director of Paediatrics)Outpatient Access and Scheduling CentreFax: 07 5687 4497  **OR** **Secure transmission service via Medical Objects,****Healthlink to****QHEALTH,GOLD COAST HEALTH Outpatients****Outpatient Bookings and Referrals** | **FROM** **Doctors Name:** **Practice Name:****Practice Address:****Phone:** **Fax:** **Email:** **Provider Number:**  |

Dear A/Professor Moloney

**SECTION 1 Patient details**

**RE:**

**DOB:**

**AGE:**

|  |  |
| --- | --- |
| **Gender:** **Address:** **Home Ph**: **Mobile Ph:** **Medicare Number\*:** (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:** **Next of Kin/Alternative Contact Ph:** **Does patient identify as Aboriginal and/or Torres Strait** **Islander:** **Interpreter required:** **If yes, specify language:** |

Mother's name:

Father's name:

Primary Carer's Name:

What is their relationship to the child:

**Please explain to the patient's representative that a parent or guardian who can give consent have to accompany the child to their hospital appointment, unless they are under the care of Department of Child Safety.**

Are there any family court orders in place:

Is there a guardianship order under the Department of Child Safety:

**SECTION 2 Provisional diagnosis and/or main clinical concern**

|  |
| --- |
| **For mental health concerns or symptoms, please refer your patient to the Child Youth and Mental Health Service.**What is the reason for this referral: Please provide provisional diagnosis (if available): Please include any symptoms and date of onset (if known):Parental concern/request for referral different from GP: If yes, please specify:**Paste or type relevant history, clinical examination findings and treatment to date if required** |

**SECTION 3 Mandatory information relevant to development, behavioural and learning concerns**

Does the child have significant pre-existing diagnoses?

If yes, please specify:

Please specify child's weight:

BMI included:

If no, please enter:

Risk to self:

If yes, please specify:

Risk to others:

If yes, please specify:

Has the child been seen by Speech:

Has the child been seen by Physio:

Has the child been seen by Psychology:

Has the child been seen by a private paediatrician/psychiatrist:

If seen by other health care provider, please specify:

Name of school/childcare:

**SECTION 4 Investigations**

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please also attach any investigation results you consider to be relevant.

 Has the child had a hearing test:

 Has the child had a vision test:

 Psychologist report (if available):

 Report from school or place of care:

**SECTION 5 Duration of referral**

Please indicate how long you would like your referral to remain valid:

☐ 12 months

☐ Indefinite

Indefinite referrals do not expire until the patient has been discharged by the hospital service. When referrals expire, there is an expectation that the referring GP or another GP will review the care of the patient. If the patient still requires specialist care, the GP will then have to request a referral continuation.

**SECTION 6 Social factors and impact on the patient and family function**

|  |
| --- |
| Consider the impact on education; activities of daily life; ability to care for others; personal safety/frailty; other factors. **Please paste or type relevant information.** |

**SECTION 7 Medical history including co-morbidities and previous surgical interventions**

**Clinical History Details:**

**Co-morbidities:**

**Previous Procedures:**

**Allergies:**

**Current prescribed medications:**

**Immunisation**:

**Relevant family history (allergies, bleeding disorders):**

|  |
| --- |
| **SMOs/VMOs in this Specialist Service** |

|  |  |  |
| --- | --- | --- |
| A/Professor Sue Maloney (Director Paediatrics) | Dr Doug Shelton (Director Community Child Health) | Dr Scott Blundell |
| Dr Francoise Butel | Dr Wei Wei Chan | Dr Sangeev Gupta |
| Dr Eta Raicebe | Dr Anneliese Wan | Dr Andre Wattiaux |