



# EXTERNAL REFERRAL FORM

## CLIENT DETAILS

Child's Name: ..... Date: ...../...../.....  
Age: ..... Date of Birth: ...../...../..... Sex: M F  
Parent/Guardian: .....  
Address: .....  
Email: .....  
Post Code:..... Phone: ..... Mobile: .....  
Does child have a diagnosis? .....  
Is the child accessing the NDIS? YES NO

### Presenting Concerns:

- |   |   |
|---|---|
| <input type="checkbox"/> Gross Motor Skills         | <input type="checkbox"/> Fine Motor Skills  |
| <input type="checkbox"/> Communication/ Speech      | <input type="checkbox"/> Delayed Milestones |
| <input type="checkbox"/> Learning                   | <input type="checkbox"/> Handwriting        |
| <input type="checkbox"/> Social Skills              | <input type="checkbox"/> Behavioural skills |
| <input type="checkbox"/> Toileting                  | <input type="checkbox"/> Feeding            |
| <input type="checkbox"/> Memory                     | <input type="checkbox"/> Play               |
| <input type="checkbox"/> Any other Functional skill |   |

### REFERRAL

Referred by: .....  
Organisation: ..... Date Referred: .....  
Address: .....  
Phone: .....

### PARENT PERMISSION

Parent Name: .....  
Signature: ..... Date: .....

**(Verbal consent given YES / NO)**

Where did you find out about our service? .....

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Website  | <input type="checkbox"/> Friend       |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Other    |                                       |

NB: Referrals may be made by anyone in the Community including: Parents, G.P's, Allied Health, Paediatricians, Early Childhood Services.

Referrals can be faxed to (02) 4861 6527 or emailed to [admin@bridgesforlearning.org.au](mailto:admin@bridgesforlearning.org.au)

Contact Bridges for Learning on (02) 4861 4054 if you have any questions.