

### Referral to

### Mercy Health O’Connell Family Centre

Referrals are accepted as a self referral or by a health professional

|  |  |
| --- | --- |
| O’Connell Family Centre (OFC)6 Mont Albert Road, Canterbury, VIC, 3126Phone: 03 8416 7600Email: OFC\_Reception@mercy.com.au |  |

Date of referral \_\_ / \_\_/ \_\_

Referrer details *(if not Parent/Carer)*

|  |  |
| --- | --- |
| **Referrer**  |  |
| Name  |   |
| Organisation  |   |
| Address |    |
| Phone number  |   |
| Email address  |   |
| Consent  | This referral has been completed with the family’s consent Yes❑ No❑ |

Parent/Carer details

|  |  |  |
| --- | --- | --- |
|   | **Parent / Carer 1** | **Parent / Carer 2**  |
| Given name  |   |   |
| Family name  |   |   |
| Relationship to child  |   |   |
| Date of Birth  | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |
| Gender |   |   |
| Address |    |   |
| Phone number |   |   |
| Email address |   |   |
| Interpreter required  |   |   |
| If yes, language / dialect  |   |   |
| Country of birth |   |   |
| Aboriginal or Torres Strait Islander |   |   |
| NDIS participant |   |   |
| Are accessibility supports required?  |   |   |
| Other  |   |   |

Child/ren details

|  |  |  |  |
| --- | --- | --- | --- |
|   | Child 1  | Child 2 | Child 3 |
| Given name  |   |   |   |
| Family name  |   |   |   |
| Address |    |   |   |
| Date of Birth  | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |
| Gender  |   |   |   |
| Country of birth |   |   |   |
| Aboriginal or Torres Strait Islander |   |   |   |
| NDIS participant |   |   |   |
| Are accessibility supports required?  |   |   |   |
| Other  |   |   |   |

 What can we help you with? (Reason for referral)

|  |  |  |  |
| --- | --- | --- | --- |
| Sleep and settling issues |   | Lack of social support or experiencing isolation  |   |
| Unsettled baby  |   | Parent/child relationship  |   |
| Infant/child feeding concerns |   | Parenting support  |   |
| Support to understand child's behaviour |   | Other please specify  |   |

*You can tick more than one*

Tick the box that describes how much help are you currently getting with the above?

|  |  |  |  |
| --- | --- | --- | --- |
| A lot  | Some  | Very little | None  |
|  |  |  |  |

Other relevant information to assist the EPC understand the reasons for admission?

Have you made a referral to another EPC?

Community supports

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name**  | **Phone no** | **Email address**  |
| **GP:** |  |  |  |
| **MCH:**  |  |  |  |
| **Family Support**  |  |  |  |
| **Other**  |  |  |  |

Next steps:Please email the referral to OFC\_reception@mercy.com.au

Mercy Health O’Connell Family Centre will endeavour to contact the parent within two working days of receiving the referral.

|  |  |
| --- | --- |
| **For office use**  | Date and comment  |
| Received  |   |
| Text / phone family  |   |
| Telephone consult |   |
| Program admission  |   |
| Program informed  |   |