

### 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, 3126  Phone: 03 8416 7600  Email: 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 |  |