

# 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)*

<b>Referrer</b>	
Name	
Organisation	
Address	
Phone number	
Email address	
Consent	This referral has been completed with the family's consent Yes <input type="checkbox"/> No <input type="checkbox"/>

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	<input type="checkbox"/>	Lack of social support or experiencing isolation	<input type="checkbox"/>
Unsettled baby	<input type="checkbox"/>	Parent/child relationship	<input type="checkbox"/>
Infant/child feeding concerns	<input type="checkbox"/>	Parenting support	<input type="checkbox"/>
Support to understand child's behaviour	<input type="checkbox"/>	Other please specify	<input type="checkbox"/>

*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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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](mailto: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.

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