

FRANKSTON PlaySteps Referral



Date: ___/___/___

| | |
|------------------------|------------------------|
| Referring professional | Please fill in details |
| Agency | |
| Address | |
| Phone Number | |
| Fax | |
| Email | |

THE FAMILY

| Parents | Name | DOB | Address | Contact No |
|--|------|---|---------|------------|
| Primary Carer | | | | |
| Email: | | | | |
| Aboriginal* Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| *For this form Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples | | | | |
| Secondary Carer | | | | |
| Email: | | | | |
| Aboriginal* Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| *For this form Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples | | | | |
| Child | | | | |
| Aboriginal* Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| *For this form Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples | | | | |
| Brother & Sisters | | Other important people in the family's life | | |
| | | | | |
| | | | | |

OTHER SERVICES THE FAMILY IS USING

| Service | What they do |
|---------|--------------|
| | |
| | |
| | |

DOES THE FAMILY NEED ASSISTANCE TO COME TO PLAYSTEPS? Yes No

PLEASE TICK IF ANY OF THESE APPLY TO THE FAMILY YOU ARE REFERRING TO PLAYSTEPS:

- | | |
|---|---|
| <input type="checkbox"/> Parent has an intellectual disability | <input type="checkbox"/> Feeling not bonded to your child |
| <input type="checkbox"/> Parent is concerned about child's development | <input type="checkbox"/> Postnatal depression |
| <input type="checkbox"/> Parent has experienced abuse as a child | <input type="checkbox"/> Multiple birth |
| <input type="checkbox"/> Parent aged less than 20 years at the time of birth of first child | <input type="checkbox"/> Parental substance use |
| <input type="checkbox"/> Parent has a physical disability | <input type="checkbox"/> Family violence |
| <input type="checkbox"/> Parent has mental health issues | <input type="checkbox"/> Any current support from Child Protection Services |

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

HAVE YOU DISCUSSED THIS WITH THE FAMILY YOU ARE REFERRING? Yes No

Scan and email to below address and the Program Coordinator of the PlaySteps program will contact you to discuss your referral.

Telephone: 0439 039 231

Email: referplaysteps@qec.org.au

