

REFERRAL FORM

Brimbank-Melton Infant, Child, and Family Health & Wellbeing Hub (ICF Hub)

The Hub aims to improve access to integrated and community-based services for children aged 0–11 years who are experiencing developmental, emotional, relational, and behavioural challenges, and their families.

Client eligibility criteria:

- Infants and children aged 0-11 years (inclusive of 11th year)
- Experiencing emotional, relational, behavioural and /or mental health challenges.
- Living in the Brimbank and Melton municipalities

***Note:** This service does not provide NDIS funded care currently

How to refer:

1. Fill in relevant details below of client you are referring to service so it can be registered
2. Hit SUBMIT button will trigger e-mail creation with form attached in your preferred e-mail format
3. Send the e-mail

If you have any further questions you can contact Intake via phone on: 03 7037 2123

1. Referrer Information

Date:	Name:
Agency:	
Position/role:	Telephone:
Parent/Guardian has consented to this referral - consent given for IPC, RCH and Western Health services Yes No	

2. Child Information

First Name:	Surname:			
Gender:	D.O.B:	Current age:		
Address:	Suburb:	Postcode:		
Medicare Number:				
Who does the child live with: Parent(s)	Others (please specify):			
Is the child accessing NDIS?	Yes	No	Waiting	Unsure

If Yes - what services are they receiving or waiting for?

3. Primary Parent/Guardian Information

First Name:	Surname:
Relationship to child:	Lives with child
Address:	
Suburb:	Postcode:
Telephone/Mobile phone:	
Is an interpreter required?	Yes No Language: Preferred gender of interpreter?

4. Please detail the presenting concerns for the child/family

a) Risk and Safety Concerns

Please identify any significant risks relating to the child/family

- ☐ Self-harming behaviours (active, plans/ intent/ method and or means)
- ☐ Harm to others (active plans / intent/ method and or means)
- ☐ Abuse (physical, emotional, or sexual) Please specify any strategies already in place:
- ☐ Family / individual experience of trauma
- ☐ Damage to property

5. Referral outcome: What outcome are you wanting for child/family from this referral?

6. Other Services:

* Are there other professionals currently or previously involved with this child and family?

Name/Agency	Role/ contact details	Active/Inactive	Consent for Hub staff to contact