SYDNEY INTEGRATED THERAPY SERVICE REFERRAL FORM

Please send completed referral to: *blacktown@actforkids.com.au*
For enquiries: Phone: *(02) 9622 7636* **Address:** *Level 1, 125 Main St Blacktown NSW*

Act for Kids Integrated Therapy Service helps children and young people overcome their experiences and challenges so they can reach their full potential. We do this through our skilled team of therapists providing assessment and development of child-centred, family-focused treatment plans and specialised therapeutic support.

CHILD/YOUNG PERSON BEING REFERRED			
First name:	Last name:		
D.O.B:	Gender:	Diagnosis:	
Current living situation:			
Address:			
Please tick relevant box	☐ Aboriginal ☐ Torres Strait Islander	☐ Both ☐ Neither	
Ethnicity:		Languages Spoken:	
School/centre:	School Contact person:		

CHILD'S PRIMARY CAREGIVER/S DETAILS:			
First Name:	Last name:		
Relationship to child:	Phone:	Alt phone:	
Address:			
Email:			
Are there any court orders relating to this child (provide details)? ☐ Yes ☐ No			
Is the parent/carer willing to bring their child to the centre and participate in the therapy process? ☐ Yes ☐ No			
Please tick relevant box	☐ Aboriginal ☐ Torres Strait Islander	☐ Both ☐ Neither	
Who has legal parental responsibility (PR) for this child?			
Does the child have an NDIS plan ☐ Yes ☐ No If yes, who manages the package?			

REFERRER DETAILS:	
Name:	Relationship to child:
Organisation (if applicable):	
Address:	Email address:
Phone:	Preferred contact times/method:
Referral discussed and agreed with parent(s)/ carer(s): ☐ Yes ☐ No	

Does the child/young person understand the reason for referral: ☐ Yes ☐ No	
Date of referral:	
REFERRAL INFORMATION	
Aged 17 years and under	☐ Yes ☐ No
Has experienced physical, sexual, emotional abuse, or neglect	☐ Yes ☐ No
Is at risk of physical, sexual, emotional abuse, or neglect	☐ Yes ☐ No
Does the family have a history with child protection services	☐ Yes ☐ No
Is the family currently supported by family/case management support	☐ Yes ☐ No
Has / is experiencing grief	☐ Yes ☐ No

LIST OF SIGNIFICANT RELATIONSHIPS:		
Name	**Relationship**	**Age**

LIST OF CURRENT/RECENT SERVICE PROVIDERS:		
Name	**Profession**	**contacts**
	GP Specialist:_____	

WHAT ARE THE ISSUES NEEDING SUPPORT?

CHILD RELATED CONCERNS:			
Attachment and bonding	☐ Yes ☐ No	Anxiety	☐ Yes ☐ No
Protective behaviours	☐ Yes ☐ No	Self-harm	☐ Yes ☐ No
Child behaviour challenges	☐ Yes ☐ No	Suicidal ideation	☐ Yes ☐ No
Family / sibling issues	☐ Yes ☐ No	Risk taking behavior	☐ Yes ☐ No
Sexualized behavior	☐ Yes ☐ No	School engagement concerns	☐ Yes ☐ No
Depression	☐ Yes ☐ No	Placement/ home breakdown	☐ Yes ☐ No
Other (please explain):	☐ Yes ☐ No		
Comments:			

CHILD DEVELOPMENT CONCERNS:			
Learning difficulties (problem solving, school, memory, reading)	☐ Yes ☐ No	Difficulty with self-care activities (i.e., eating, drinking, toileting, dressing)	☐ Yes ☐ No
Different level of maturity to other kids their own age	☐ Yes ☐ No	Gross motor difficulties (i.e., running, jumping, riding bikes, ball skills)	☐ Yes ☐ No
Difficulty using words to communicate	☐ Yes ☐ No	Fine motor difficulties (i.e., buttons, writing, using scissors or cutlery)	☐ Yes ☐ No
Difficulty listening or following directions	☐ Yes ☐ No	Over or under reactive to everyday experiences (i.e., noise or touch)	☐ Yes ☐ No
Difficulty playing with others	☐ Yes ☐ No	Other (please explain):	☐ Yes ☐ No
Comments:			

CHILD MALTREATMENT CONCERNS: (If yes, please describe if previous and/ or current concerns exist)		
Sexual Abuse	☐ Yes ☐ No	
Physical Abuse	☐ Yes ☐ No	
Emotional Abuse	☐ Yes ☐ No	
Neglect	☐ Yes ☐ No	
Exposed to Physical Violence	☐ Yes ☐ No	

CONCERNS RELATED TO THE PRIMARY CAREGIVERS:			
Mental health or disability issues	☐ Yes ☐ No	Social isolation	☐ Yes ☐ No
Current legal issues	☐ Yes ☐ No	Suicidal / self-harming behaviour	☐ Yes ☐ No
Domestic violence	☐ Yes ☐ No	Family of origin problems	☐ Yes ☐ No
Drug and/or alcohol issues	☐ Yes ☐ No	Abuse history (parent)	☐ Yes ☐ No
Socio economic difficulties	☐ Yes ☐ No	Learning difficulties	☐ Yes ☐ No
Grief or loss issues	☐ Yes ☐ No	Parent in detention	☐ Yes ☐ No
Comments:			

TECHNOLOGY QUESTIONS

For the purposes of planning therapeutic interventions and assessments with you in your home, please answer the following questions regarding the technology you and your child have available.

Is there a safe space to conduct therapy (private, quiet, and comfortable)?	Yes ☐ No ☐

What devices are available for therapy? (Please tick all available options)	
Desktop computer with camera	☐
Laptop computer with camera	☐
Android tablet	☐
iPad	☐
iPhone	☐
Android phone	☐
Other (please describe)	

What is your internet speed (if known)?	
Are there any restrictions? E.g., Download limits	

INVOICE DETAILS

Please note, we will not charge the child or family, but are in a position where we need to access government funds where these are available as part of an individual package (e.g., brokerage, NDIS).

The costs for services are as follows (as of Jan 2021):

Developmental Trauma Screening	$500
Integrated Therapy	$180/ session
Specialised Therapy request	$210/ session

Reports are an additional cost and are dependent on purpose.

To generate a quote for services, please provide us with the following information (we require a purchase order to confirm intent to meet the quote and so an invoice can be generated):

Department (and ABN) to be invoiced	
Invoice to be sent to *Please provide an email address*	
Contact person details *Please provide:* *Full name,* *Title* *Contact number* *Email*	
Preferred frequency of invoice (e.g., monthly, after # sessions etc.) *If not specified, invoices will be provided monthly*	

Please contact us with any concerns or considerations regarding these details.

Thank you for your referral.
Contact will be made with you using the details provided once the referral has been processed.

Dear valued stakeholder,

Act for Kids have updated our email systems and processes!

To ensure sensitive information about children, young people and families remains secure and confidential, Act for Kids has implemented (1) MimeCast, a secure messaging system and (2) encrypted email partnership domains.

How Act for Kids is sending client information securely

Sensitive and private client-related to be emailed

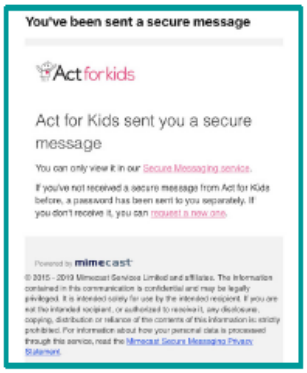
MIMECAST SECURE MESSAGING

used when sending sensitive and private client-related emails within Act for Kids and also to the *direct email addresses of external stakeholders.*

WHAT IS NEEDED FROM YOU

1. You will receive an email from Act for Kids that indicates you've received a secure message
2. Follow prompts to create a password
3. Open email securely in Mimecast portal

IT WILL LOOK LIKE THIS



ENCRYTPTED EMAILS

used when sending sensitive and private client-related emails to the *shared inboxes of external stakeholders* whose domain has been added to our approved partner list.

WHAT IS NEEDED FROM YOU

Nothing … it will look like a normal email.