



0491 247 747



Reception@piccolokids.com.au



Headricks Building
Level 1

189 East Street
Rockhampton QLD 4700

PICCOLO KIDS REFERRAL FORM

Client Name: _____

DOB: _____

Gender: _____

Client's address: _____

School/Daycare: _____

Are there any cultural considerations: _____

Parent/Carer/Guardian Names: _____

Parent/Carer/Guardian email: _____

Parent/Carer/Guardian Phone numbers: _____

Parent/Carer/Guardian occupations: _____

Is there a child custody agreement in place, if yes please specify: _____

Are Child Protection services in place, if yes please provide case manager name and contact details: _____

Child's Diagnosis (if available): _____

Date of diagnosis (if applicable): _____

Please attach any supporting documentation if available.

Has your child seen an OT in the past: if yes, please provide details. _____

Are there any other health professionals involved in your child's care: if yes please provide details.



Main Concerns:

- | | | |
|---|---|--|
| <input type="checkbox"/> Sensory Processing | <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotional Regulation | <input type="checkbox"/> Handwriting | |

How does your child communicate:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Non-verbal |
| <input type="checkbox"/> Assistive Communication Device (please specify) _____ | |

Service Requested:

- ☐ Functional Capacity Assessment and Report.
- ☐ Assessment and report + no ongoing therapy.
- ☐ Assessment and report + ongoing therapy.
- ☐ Other: please comment: _____

How will the support services be funded or paid for:

- ☐ NDIS (National Disability Insurance Scheme).
- ☐ Medicare EPC (Enhanced Primary Care) – *please attach*.
- ☐ Self-funded or privately funded.
- ☐ Other or not applicable: _____

NDIS/Medicare number: _____

NDIS Details (if applicable):

- ☐ Plan managed.
- ☐ NDIA Managed (*currently not eligible to receive services at Piccolo Kids*).
- ☐ Self-Managed.
- ☐ Other/Not Applicable.

Please attach your current NDIS plan.

NDIS Plan Manager Details (if applicable)

- ☐ Plan Manager Contact Name and Company: _____
- ☐ Phone number: _____
- ☐ Email address: _____

Is there a Positive Behaviour Support Plan (PBSP) in place?

- | | |
|---|------------------------------|
| <input type="checkbox"/> Yes (<i>please attach</i>) | |
| <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Additional Supporting Documentation

1. *G.P. Health summary – please attach.*
2. *Additional Health Professionals reports – please attach.*

Thank you for referring your child to Piccolo Kids, a staff member will be in contact shortly.