

LAYING DOWN THE TRACKS PROGRAM

CHILD REFERRAL

Referring GP Details

Name of GP	
GP Practice	
Address	
Phone	

Participant Details

Name of Child	
Date of Birth	
Name of Parent/Guardian	
Phone Number	
Address	
Email Address	

In order for your referral to progress it must meet all of the following criteria:

- Child is aged 3 - 5 at time of referral
- Parent/guardian has consented to referral
- Lives in Gympie or nearby Cooloola Coast region

Parent/guardian signature _____

- Does the child displays concerns in the following areas:
 - Physical health and wellbeing
 - Social Competence
 - Emotional Maturity
 - Language and cognitive skills
 - Communication and general knowledge

→ Details of concerns and/or signs identified:

Referrer Signature: _____

Date: _____

Please send referrals to:
Medical objects – ARTIUS REFERRALS

Fax: 07 5443 7107

Email: referrals@artius.com.au

For enquires and further information please contact:

The Laying Down the Tracks Program Manager on 07 5479 7311