

LAYING DOWN THE TRACKS CHILDHOOD DEVELOPMENT EARLY INTERVENTION PROGRAM

Referrer Details (if health professional/childcare etc.)

Name of Referrer	
Name of Organisation	
Position/Role	
Phone Number	
Email Address	
Address	

→ Parent/guardian has agreed to see GP for a full referral

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 years of age 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:

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