Enhanced Maternal and Child Health Referral Form

Referral Information			
Referred By:		Date:	
Job Title:		Phone:	
Organisation:		Email:	

Verbal Consent Obtained:	YES / NO

ANTENATAL	EDD:

	Primary Care Giver			Additional Care Giver		
Name(s):						
Relationship to Child:						
D.O.B:		Age:			Age:	
Address:						
Town:		P/Code:			P/Code:	
Phone:						
Email:						
Country of Birth:						
Primary Language:						
Year of Arrival:		Interpreter:	YES / NO		Interpreter:	YES / NO
ATSI:	YES / NO			YES / NO		
Employment:						
First Time Parent:	YES / NO			YES / NO		

Child/ren Details					
Surname	First Name	DOB	Age	Gender	Lives with client
				M / F	YES / NO
				M / F	YES / NO
				M / F	YES / NO

Family Details			
Doctor's Clinic:		MCH Centre:	
Family Doctor name:		Pediatrician:	

Moira Shire Council
ABN: 20 538 141 700
Post: PO Box 578, Cobram, Vic 3643
DX: 37801, Cobram

Cobram Administration Centre:
44 Station Street, Cobram
Yarrawonga Service Centre:
100 Belmore Street, Yarrawonga

Phone: 03 5871 9222
Fax: 03 5872 1567
NRS: 133 677

Email: info@moira.vic.gov.au
moira.vic.gov.au

Weight and feeding (If applicable)			
Birth weight:		Current weight:	
Breastfeeding:	YES / NO	NGT:	YES / NO
Formula feeding:	YES / NO	Formula amount:	

Custody/Court Orders	
Are there and court orders/ custody arrangements for child?	YES / NO

Expected outcomes required by EMCH
The EMCH program works with children and families to address an increased need due to factors currently impacting on child development, parenting capacity, or family wellbeing. Please provide a short summary or dot points detailing the expectation of support from the EMCH program.

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Current professional involvement			
Child Protection			
Family Member referred	Organisation	Date referred	Contact Information
	Child First		
	Child Protection		
	DHHS		
	PASDS		
Health			
Family Member referred	Organisation	Date referred	Contact Information
	GP or Paediatrician		
	Psych Service (CAT)		
	Mental health service		
	Disability service		
Housing Support			
Family Member referred	Organisation	Date referred	Contact Information
	Housing Services		
Cultural			
Family Member referred	Organisation	Date referred	Contact Information
	Koori Maternity Service		
	VACCA		
Family Violence			
Family Member referred	Organisation	Date referred	Contact Information
	Support and Safety Hub		
	Family Violence Service		

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Other relevant information. Include details of the supports that are currently in place.

Privacy Statement

The personal and/or health requested on this form is being collected by Moira Shire Council for the purpose of providing Maternal and Child Health Services. The information will be used solely for the purpose it was collected and/or directly related purpose. Council may disclose this information to other organisations if required by law. If you do not provide this information, Council may not be able to provide services to your family/child within the Enhanced Maternal and Child Health Program. You can find out more about how we use and protect *your information by viewing our Privacy Statement on our website* - www.moira.vic.gov.au. If you require access to the information you have provided, please contact Council.

For more information, please contact Maternal and Child Health Service on 5871 9222.

Please send the completed referral to info@moira.vic.gov

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