

Enhanced Maternal and Child Health Referral Form



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

Client Signature:		Date:	
Verbal Consent Obtained:	YES / NO	Date:	
URGENT REFERRAL:	YES / NO		

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
				M / F	YES / NO
				M / F	YES / NO
				M / F	YES / NO



Enhanced Maternal and Child Health Referral Form



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

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? <i>If yes, please attach a copy.</i>	YES / NO

Home Safety Visit Assessment	
A home Safety Visit Assessment has been completed? <i>If yes, please attach a copy.</i>	YES / NOT COMPLETED
Are there any safety alerts or specific directions?	YES / NO / NOT COMPLETED

Referral Criteria (please tick all that apply)

**In order to be accepted into EMCH program client must meet 2 or more categories, please also complete risk factors & protective factors on back of this form.*

<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	Housing
<input type="checkbox"/>	Prematurity	<input type="checkbox"/>	Financial Difficulties
<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>	Isolation
<input type="checkbox"/>	Family Violence	<input type="checkbox"/>	Parenting
<input type="checkbox"/>	Child Protection involvement	<input type="checkbox"/>	Indigenous families not linked to service
<input type="checkbox"/>	Universal Nurse discretion	<input type="checkbox"/>	Not currently engaged in universal MCH
<input type="checkbox"/>	Children with disability physical or intellectual	<input type="checkbox"/>	Parent with intellectual disability
<input type="checkbox"/>	Unsupported parent/s under 24 years of age	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Comments:



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.

What is parent / carer's understanding of need for extra support?

Enhanced Maternal and Child Health Referral Form



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		



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



Common protective and need/ risk factors

Protective Factors	
<i>Enablers that assist the infant/child to be safe and healthy and have their wellbeing, learning and development needs met.</i>	
Parenting Capacity	Parent / Family Health and Wellbeing
Strong attachment to child	Parental self-esteem
Knowledge of parenting and child development	Family functioning
Parenting self-efficacy	Connection to culture
Parenting capacity	Two-parent household
Parental resilience	High level of education
Strong reflective functioning	Employment
Environmental Factors	
Positive social connection and support	Access to health and social services
Neighbourhood social capital	Adequate housing
Adequate housing	Social-economically advantaged neighbourhood

Need / Risk Factors	
<i>Disablers that impact the infant/child's safety, health, wellbeing, learning and development and/ or stop their needs from being met.</i>	
Child Health, wellbeing, safety, learning and development	
Premature infants and failure to thrive	Complex feeding or sleep issues
Children affected by family violence	Children expressing symptoms of trauma
Children with a developmental delay or disability	Children with chronic health conditions (often with multi-medical co-morbidities)
Children with poor social or emotional wellbeing (e.g withdrawal, anxiety behavioural issues, delayed communication)	Children with serious injury due to falls, accidents, assault, accidental poisoning and intentional self-harm
Child in out of home care	
Parenting Capacity	
Multiple births	Significant parent-child bonding issues
Significant parent-child attachment issues	Lack of engagement with UMCH program
Parent is not able to keep the child in mind most of the time	Inadequate parenting skills (e.g. warmth/nurturing, ability to provide home structure, communication)

Enhanced Maternal and Child Health Referral Form



Parent/family health, wellbeing and safety		
	Parent with an intellectual or physical disability	Parent with a chronic illness/unexpected illness
	Parent with drug, substance or alcohol issues	History of trauma having a current family impact
	Parent affected by family violence	Recent relationship breakdown/separation
	Financial distress, low income or partner unemployed	Parent mental health issue (e.g anxiety and/or depression)
	Families currently known to child protection or currently have a child in kinship or out of home care	Contested custody/access to infant/child
Environmental Factors		
	Social or geographical isolation	Housing issues or homelessness
	Aboriginal families who are not linked into, and/or require additional support to the Universal MCH program	

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.au.



MOIRA SHIRE COUNCIL OFFICE USE ONLY

Referral Information			
EMCH Number:		CDIS Number:	
EMCH Referral Received:	YES / NO	Date Received:	
EMCH Consent Received:	YES / NO	Date Received:	
EPNDS Completed:	YES / NO	Date Completed:	

Client History
Childhood:
School:
Adolescence:
Adult relationships, past and current partner:
Family Violence:
Maternal mother and father relationships:

**Enhanced Maternal and Child Health
Referral Form**



Family supports:
Social connections:
Drug and alcohol:
Gambling:
Deaths, stillbirths, miscarriage:
Emotional wellbeing – anxiety, depression, mental illness:

