

Re _____

Dear Child Safety Officer,

Thank you for contacting the Child Development Network regarding specialist paediatric consultation for this child.

In providing the best quality service we require sufficient relevant information about the child at the time of the initial consultation. To assist us in this process, we require two forms from you.

- Firstly, could you please complete and fax back to us this authorisation page for the initial two (2) medical consultations. We need this before we can finalise the consultation bookings.
- Secondly, please ensure the accompanying questionnaire is completed and brought along to the first consultation with the paediatrician. This allows us the best opportunity to understand and assist the child efficiently and effectively.

Yours sincerely,
Child Development Network.

I (name) _____ (title and position) _____

From (Department office / location) _____

am aware of the fees for (child's name) _____'s

initial two (2) medical consultations at the CDN. I authorise payment for these, and have the appropriate delegation to do so.

Signed _____ Date _____

Please complete this page and fax it back to the CDN (07) 3369-3370, so that this child's medical appointments can be finalised.

The rest of this questionnaire should be completed and brought to the first consultation

Thank you

Please note:

- *We require payment on the day of the consultation.*
- *It is our understanding that the Department of Communities is no longer able to receive Medicare payments from the Federal Government. If you have questions about this please contact us.*

Information regarding _____

What is the purpose of the paediatric consultation? (please check)

	Yes	No
A professional opinion/diagnosis regarding the cause and nature of identified problems		
A professional opinion/recommendation about how this child's problem(s) should be managed (but not necessarily being involved in ongoing care)		
Active, ongoing management support from our paediatric specialists?		

Please provide further details about the purpose of the paediatric consultation

Who will be attending this specialist paediatric consultation? (Name, relationship to child)

	Yes	No
Would the adults who accompany the child like to spend some time talking to the paediatrician without the child in the room?		

If yes, would you like to do this at the beginning or end of the consultation? _____

	Yes	No
Would you like the paediatrician to talk to the child alone ?		

If yes, what issues would you like the paediatrician to discuss with the child?

	Yes	No	Possibly
Will there be a request for the paediatrician to provide documents (e.g. an affidavit) to support future Children's Court proceedings?			
Will there be a request for the paediatrician to appear in court?			

	Yes	No
Does this child currently, or has the child in the past received counselling or other professional / therapeutic support?		

If yes, from whom (which agency), for how long, and what did this address and achieve?

What is the current **legal status** of the child? (please check)

Temporary custodial order		Duration?
Longer term custodial order		Duration?
Who has guardianship?		

What are the historical reasons why the child went into care?

Date	Type of harm (physical, emotional, sexual, neglect)	Brief Details

What is the placement history of the child? (continue on the back if necessary)

Date	Duration, household composition, reason for breakdown

What are this child's current contact arrangements with their biological parents?

	Yes	No
Is there an intention of reunification?		

If yes, when and how is this to be achieved?

Health history (as much as is known):

Pregnancy, birth, birthweight, any significant events during this time.

Infancy and preschool – any medical issues

Infancy and preschool – development (milestones, behaviour)

Any other significant medical, developmental or behavioural issues during early childhood

Any relevant family history (mental health, drug/alcohol etc)

In the space below, please draw a family tree (genogram) of this child's family of origin

PROFESSIONAL COSTS

In order to know the extent to which we can undertake further assessment and treatment of this child, we ask that the following questions are to be answered and verified (signed) by your Team Leader who oversees these decisions about this child, and has the delegated authority to allow such expenses.

	Yes	No
If legal documents are requested, will the Department pay for the time spent in their preparation? This refers to documents in addition to the usual consultation letter, usually at least 30 minutes of professional time, and which cannot be reimbursed through Medicare?		
Sometimes medications that are not listed on the PBS may be considered for a child with behavioural issues. Would the Department consider covering the cost of such medications if the paediatrician recommends them (these can be up to \$150 per month)?		
Sometimes further assessments of the child is indicated which involve other health professionals. Would the Department consider covering the cost of such assessments if they are recommended by the paediatrician?		
Sometimes a number of follow up visits are required with the paediatric specialist, for example to monitor trials of medication. Is the Department able to support these visits financially, and by ensuring the child will attend with somebody who can provide appropriate information?		

Any comments regarding departmental coverage of professional and other related costs

Signed:

Date:

Designation / delegation:

Area Office: