

Enhanced Maternal & Child Health Service Referral Form

Phone: 9408 9058
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The EMCH Service will assertively respond to children and families at risk of poor outcomes, particularly children for whom there are multiple risk factors or indications of a significant level of risk. (DHS 2004)

Referral Details:
Whittlesea MCH **Self Referral** **Other** **Date of Referral:**
Name of Referrer:
Professional Role:
Address:
Phone:
Fax:
Email:

Has referral to EMCH Service been discussed with family and do they consent to this referral?	Yes	No	Comments:
	<input type="checkbox"/>	<input type="checkbox"/>	

Family capacity/willingness to engage with services?	Yes	No	Comments:
	<input type="checkbox"/>	<input type="checkbox"/>	

Family Unit
Adult Members (Parent/Primary Care)

Name	M/F	Age/DOB	Relationship	Address & contact Telephone Number
	Selec			
	Selec			
	Selec			
	Selec			

Children (Child Id)

Name	M/F	Age/DOB	Relationship	Address & Contact Telephone Number
	Selec			
	Selec			
	Selec			
	Selec			
	Selec			

Other Family-Kith and Kin (if known including grandparents, neighbours and extended family)

Name	Relationship	Address & Contact Telephone Number

Alerts (Include any worker safety issues if known, dangerous behaviours/s, pets etc.)

CULTURAL IDENTITY

Do any of the family identify as Aboriginal /Torres Strait Islanders? Yes No

Family member/s who identify as ATSI:

Family Cultural background:

Language spoken at Home:

Interpreter required: Yes No Language:

“A comprehensive assessment of risk and protective factors will identify families likely to benefit most from EMCH. These families are likely to include: families in which a parent is experiencing psychiatric disability, alcohol or substance abuse, intellectual disability, physical disability/family violence/families in which a child has low birth weight, fails to thrive, has a disability or has been involved with Child Protection Services; families which a member has serious illness; or families headed by a teenage parent.” (DHS 2004)

FAMILY IDENTIFIED ISSUES

RELEVANT HISTORY/PAST ISSUES

(E.G. Mental Health Issues, Family Violence, Substance Abuse, DHS Involvement etc.)

AGENCY IDENTIFIED CURRENT ISSUES

Identified Family Strengths:

(Please tick)

- Meeting child’s emotional needs
- Meeting child’s social needs
- Meeting child’s physical needs
- Meeting child’s cognitive/intellectual needs

Provide details of observed parenting practice difficulties- Include any circumstances that *currently impact* on family functioning and child wellbeing:

PROFESSIONAL NETWORK (Include any Services currently involved with family)

Service/Agency	Contact Person/Role	Contact Details

Additional information to be considered for inclusion:

- **Family Geno gram**
- **Case Conference Minutes**

EMCH Service Staff Only

Date referral received:

Signature:

Referral Outcome:

Accepted:

Intake Date:

Other:

(Provide Details)