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Mealtime Explorers Group (Student-led, supervised by qualified clinicians, ages 1-5 years, not attending school or accessing NDIS supports)

Initial Assessment \$40 (60mins)

Group Therapy + Parent Education \$12 per session (60mins) 9-week block on Thursday's during school term

Client Referral Form

Referring worker:	
Program/service	
Date of referral:	

Please complete this form and email it to: health2go@flinders.edu.au

		-		
Client name:		DOB:		
Address:		Postcode:		
Contact	(H)	(M)		
details:				
Email:				
Medicare				
number:				
Nationality:		Language spoken:		
Does your clie	nt identify with being either and/or:	Aboriginal	Torrens Strait Islander	
(Please check)		Yes 🗌 No.	Yes 🗌 No. 🗌	
Parent/carer d	etails:	Relationship to child:		
		1		
Reason for ref	erral (Please outline any relevant medical h	nistory, current media	cations and feeding concerns):	
		,,	с ,	
Consent for referral to the Feeding Therapy Group				
Yes No				
Does the client consent for NON-Identifying information to be given to the Flinders researchers?				
(This is general de-identifiable yes and no responses)				
	······································			
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Adjacent Carpark 13 Sturt Drive, Bedford Park Adelaide SA 5042 Phone: (08) 7221 8700 Fax: (08) 7221 8729 Email: health2go@flinders.edu.au Website: health2go.com.au

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Yes No
What services is the client currently or previously engaged with (e.g. Feeding services, other allied health?)?
Any other relevant details: (NDIS plan, mental health, family health history)
Follow up provided (details):

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