Enhancing Paediatrics in Primary Care (EPiPC) Clinical Query Proforma
FAX to (02) 69339268 or EMAIL to <MLHD-CCH@health.nsw.gov.au>

Patient details*

Patient name			
DOB			
Medicare number			
Primary carer name:		Primary carer DOB:	
Address			
Contact mobile		Email	

Demographic details:

☐ Aboriginal and/or Torres Strait Islander   ☐ Refugee or Asylum Seeker

☐ Culturally And Linguistically Diverse (CALD)   ☐ Interpreter required (language_____)

☐ Out Of Home Care (OOHC)   ☐ DCJ/ support service involved

Primary issue/concern*

☐ Early childhood developmental concern

☐ Early childhood behavioural concern

☐ Both early childhood developmental and behavioural concerns

If developmental concern, please indicate which domain(s) is/are affected

☐ Speech & language   ☐ Fine motor   ☐ Gross motor   ☐ Personal/social

☐ Problem solving/cognitive   ☐ Global

Preferred format

☐ Email support

Specific clinical question(s) for Community Paediatrician to address*

Short summary of child's medical history relevant to the clinical question(s) above*

Services currently involved:

☐ Speech pathology   ☐ Occupational Therapy
☐ Psychology/ counselling/ school counsellor   ☐ Physiotherapy
☐ Dietitian   ☐ Other

Further details of services involved

Referrer details*

Name			
Practice location			
Preferred contact details for correspondence (e.g. email/fax)			
Signature		Date	
If GP registrar, name and contact details of GP supervisor		GP supervisor co-sign	
If no response received within 2 weeks, please contact <MLHD-CCH@health.nsw.gov.au> directly to ensure Clinical Query has been received.			

* mandatory question for clinical query to be accepted