**Enhancing Paediatrics in Primary Care (EPiPC) Clinical Query Proforma**

**FAX to (02) 69339268 or EMAIL to <MLHD-CCH@health.nsw.gov.au>**

**If no response received within 2 weeks, please contact <MLHD-CCH@health.nsw.gov.au> directly to ensure Clinical Query has been received.**

**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.**  |