

Mealtime Explorers Group (Student-led, supervised by qualified clinicians, ages 1-6 years)

Initial Assessment \$40 (60mins)

Individual Therapy \$20 (30mins)

Group Therapy + Parent Education \$12 per session (60mins) 10-week block on Thursday 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 details: | (H) | (M) | |
| Email: | | | |
| Medicare number: | | | |
| Nationality: | | Language spoken: | |
| Does your client identify with being either and/or: (Please check) | Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> | Torrens Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Parent/carer details: | Relationship to child: | | |

Reason for referral (Please outline any relevant medical history, current medications and feeding concerns):

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)

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):