



Dear Child Safety Officer, Re \_\_\_\_\_

Thank you for contacting the Child Development Network regarding specialist paediatric consultation for this child.

We are committed to providing the best quality service and hence recognise the need to have a baseline of relevant information about the child available at the time of the initial consultation. To assist us in this process, we require two forms from you.

- **Firstly**, could you please complete and fax back to us the authorisation for the initial two (2) medical consultations (on this page, below). We need this before we can finalise the consultation bookings.
- **Secondly**, please make sure the accompanying questionnaire is fully completed and brought along to the first consultation with the paediatrician. This allows us the best opportunity to understand and assist the child without wasting unnecessary time and money.

Yours sincerely,  
Child Development Network.

\_\_\_\_\_  
I (name) \_\_\_\_\_ (title and position) \_\_\_\_\_

From (Department office / location) \_\_\_\_\_

am aware of the fees for (child's name) \_\_\_\_\_'s

initial three (3) medical consultations at the CDN. I authorise payment for these, and have the appropriate delegation to do so.

Initial consultation (1 hr)	\$	rebate from Medicare \$202	Gap \$
Initial Follow up (1 hr)	\$	rebate from Medicare \$101	Gap \$
Second Follow Up (½ hr)	\$	rebate from Medicare \$101	Gap \$

NB. We will send the medicare portion to Medicare and the Department can just pay the GAP amount, however should medicare not pay their portion for any reason, the Department of Child Safety will be liable for the full fee amount.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please complete this page and fax it back to the CDN (07) 3010-3377 so that this child's medical appointments can be finalised.

The rest of the questionnaire should be completed and brought to the first consultation

Thank you



	Yes	No
Would the adults who accompany the child like to spend some time talking to the paediatrician without the child in the room?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, would you like to do this at the end or the beginning of the consultation?* \_\_\_\_\_

	Yes	No
Would you like the paediatrician to talk to the child alone ?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, what issues would you like the paediatrician to discuss with the child?*

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	Yes	No	Possibly
Will there be a request for the paediatrician to provide an affidavit to support future Children’s Court proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a request for the paediatrician to appear in court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does this child currently, or has the child in the past received counseling or other therapeutic support?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, from whom (which agency), for how long, and what did this address and achieve?*

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What is the current legal status of the child?

Temporary custodial order	<input type="checkbox"/>	Duration?
Longer term custodial order	<input type="checkbox"/>	Duration?
Who has guardianship?		

What are the historical reasons why the child went into care?

Date	Type of harm (physical, emotional, sexual, neglect)	Further Details

What is the placement history of the child?

Date	Duration, household composition, reason for breakdown

What are this child's current contact arrangements?

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	Yes	No
Is there an intention of reunification?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, when and how is this to be achieved?

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**Health history (if known):**

*Pregnancy, birth, birthweight, any significant events during this time.*

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*Infancy and preschool – any medical issues*

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*Infancy and preschool – development (milestones, behaviour)*

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*Any other significant medical, developmental or behavioural issues during early childhood*

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*Any relevant Family history (mental health, drug/alcohol etc)*

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In the space below, please draw a family tree (genogram) of this child's family of origin

**PROFESSIONAL COSTS:**

In order to know the extent to which we can undertake further assessment and treatment of this child, we ask that the following questions are to be answered and verified (signed) by your Team Leader who oversees these decisions about this child, and has the delegated authority to allow such expenses.

	Yes	No
If legal documents are requested, will the Department pay for the time spent in their preparation? This refers to documents in addition to the usual consultation letter, usually 30 minutes of professional time, and which cannot be reimbursed through Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes medications that are not listed on the PBS may be considered for a child with behavioural issues. Would the Department consider covering the cost of such medications if the paediatrician recommends them (these can be up to \$150 per month)?	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes further assessments of the child is indicated which involve allied health professionals. Would the Department consider covering the cost of such assessments if they are recommended by the paediatrician?	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes a number of follow up visits are required with the paediatric specialist, for example to monitor trials of medication. Is the Department able to support these visits financially, and by ensuring the child will attend?	<input type="checkbox"/>	<input type="checkbox"/>

*Additional comments regarding departmental coverage of professional and other related costs*

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*Signed:*

*Date:*

*Designation / delegation:*

*Area Office:*