Riptide Theraputic Services Referral form -

Date of Referral:

Child/Young Person Details:

First Name: Last Name:

Date of Birth: Gender assigned at birth:

Street Address:

Town: Postcode:

Is the child/young person Aboriginal or Torres Strait Islander:

Name of Daycare/Preschool/School: School Year:

Primary Parent/Carer Deatils:  
First Name: Last Name:  
Date of birth: Gender:  
Is the primary parent/carer Aboriginal or Torres Strait Islander:  
Relationship to Child:

Street Address:

Town: Postcode:  
Phone number: Email:

Parent/Carer Deatils:  
First Name: Last Name:  
Date of birth: Gender:  
Is the primary parent/carer Aboriginal or Torres Strait Islander:  
Relationship to Child:

Street Address:

Town: Postcode:  
Phone number: Email:

Family Information:  
Please list name and ages of any other Children/Young People in the home:

Are there any Parenting Orders or Family Court Orders relating to the Child:

Medical Information -

Please list any diagnoses the child/young person lives with:

Does the Child take any regular medication or supplements?

Is the Child accessing other services with professionals?

Referrer Information -

Name of the referrer: Relation to child/young person:

Phone number: Email:

Referring information -

Significant life events that have occurred in the child/young persons life:

Reason for the referral (please provide information on why you are referring the child/young person e.g. behavioural issues)

What is you vision for the child/young person when they have completed therapeutic engagement at Riptide?

Has the child/young person been engaged in previous therapeutic supports? If yes please provide their details:

Please outline any challenges that may present for the child/young person in attending therapeutic support: