



**Nunkuwarrin Yunti
of South Australia Inc.**



Approval Date	28/02/2023	Review Date	28/02/2028
Responsible Manager	Executive Manager Culture & Community Safety		

Nunkuwarrin Yunti of South Australia Inc.

Strong Mums Solid Kids External Referral Form

Please FAX completed Form to: Attention to *Strong Mums, Solid Kids* (08) 8359 2414

Or EMAIL the completed Form to: smskreferrals@nunku.org.au

If you are emailing this form, please use an encrypted email system to protect the client's privacy.

CLIENT DETAILS	
Given Name(s): _____	Family Name: _____
Preferred Name(s): If different from given name _____	Date of Birth: ____/____/____
Please Select: Aboriginal Torres Strait Islander Non-Aboriginal member of an Aboriginal family	
Address: _____	
Telephone (Home) _____	Telephone (Mobile) _____
Email: _____	
Name of Legal Guardian _____	Relationship to Child: _____
Contact Details _____	
Name of Carer If different from Guardian _____	Relationship to Child: _____
Contact Details _____	
REFERRER	
Referrer Name: _____	Organisation: _____
Position/Role: _____	Date of Referral: ____/____/____
Phone Contact: _____	Fax Number: _____
Email: _____	
Has the client consented to this referral?	YES NO If NO you need to seek and receive consent prior to referring.
REFERRAL INFORMATION	
Pregnancy Care	Gestation/EDD Pregnancy Number For Aboriginal mothers or mothers having an Aboriginal baby

Post Natal Care	Date of Delivery	Child Number for Mother
	___/___/___	
For Aboriginal mothers or mothers having an Aboriginal baby		

Child Health	Routine growth and development assessments, immunisations etc. for Aboriginal children, enrolled in the program prior to 12 months of age.
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Developmental Screening	Developmental screening for children 0-5yrs
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Other Relevant information / history / risk factors / special needs:

Do you require feedback on this referral?	Yes	No
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PLEASE LIST ANY OTHER SERVICES THAT THE CLIENT IS LINKED WITH:(i.e. DCP, NDIS)

Name of Service(s)	Contact Details (If Known)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NUNKUWARRIN YUNTI ADMINISTRATION USE ONLY

Date referral received:	___/___/___	Received by:	
Date referral allocated:	___/___/___	Allocated to:	
Date scanned into Communicare:	___/___/___	ID#:	

Feedback to referrer (if requested): ___/___/___