

## REFERRAL FOR NOVITA TRANSFER AND POSITIONING CARE PLAN (TPCP)

For provision to education, childcare and community support services.  
**CONFIDENTIAL**

To be completed **WITH** or by the child's **PARENTS/GUARDIANS**, and or child/student where this is appropriate, or referring agency, in consultation with the family. This information is confidential and will only be used by the relevant Novita Children's Services staff in order to prepare a TPCP for the named student/child. Once the TPCP is developed, parents/guardians will advise who they wish the Plan to be distributed to.

**DATE OF REFERRAL:** \_\_\_\_\_

### CHILD/STUDENT INFORMATION

Child/student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Parent/Carer: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Best Times to contact: \_\_\_\_\_

### REFERRING PERSON/AGENCY

Person Referring: \_\_\_\_\_ Agency: \_\_\_\_\_

Relationship to child/student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Best times to contact: \_\_\_\_\_

### REASON FOR REFERRAL (tick)

- New TPCP  
 Review of TPCP  
 Other issue (eg. Lifting incident, change in child's abilities etc). Please specify:  
\_\_\_\_\_

Training and information. Please specify \_\_\_\_\_

### **PREPARATION OF Transfer and Positioning CARE PLAN**

The Novita Children's Services Physiotherapist may need to do arrange an appointment at the setting where the TPCP is to be used to assess the situation, review the student's current physical status, level of assistance required for transfers and positioning, and the appropriateness of current equipment. In order to develop a care plan the physiotherapist may need to talk with other Novita Children's Services' staff and/or team members from other agencies who may have information about your child's transfer and positioning skills and needs.

**SETTING TPCP IS REQUIRED FOR:**

Care Plans may be required in a number of different settings where a child/student is receiving personal care support from staff within that setting. Please indicate the setting that the transfer and positioning care plan is required for eg. school, preschool, respite, childcare etc.

Setting where Plan is required:	Agency contact person:	Contact number:
<i>School:</i>		
<i>OSHC:</i>		
<i>Respite:</i>		
<i>Home:</i>		
<i>Pool.</i>		
<i>Preschool:</i>		
<i>Child Care:</i>		
<i>Family Day Care:</i>		
<i>Other (eg individual person; location):</i>		

**FURTHER INFORMATION/COMMENTS:****NOTE:**

- If an agency is completing this referral, they must get signed consent from the child/students parent/carer, prior to forwarding the referral form to Novita.
- If a parent/carer is completing this referral, please sign below

**PARENTAL/GUARDIAN CONSENT**

I understand and agree with the information contained in this referral and give consent for the Novita Physiotherapist to undertake an assessment in consultation with all relevant education and support agencies, and to formulate a TPCP for my child.

<b>Parent/Guardian</b>	
<b>Signature</b>	
<b>Date</b>	

**Please forward this completed and signed referral form to:****Physiotherapist, Novita Children's Services**

<b>Regional Office</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

**OFFICE USE ONLY**

<b>RECEIVED BY DATE</b>					
<b>PARENTAL/GUARDIAN CONSENT PROVIDED (tick)</b>		<input type="checkbox"/> YES	<input type="checkbox"/> Signed Form	<input type="checkbox"/> Verbal Authorisation	<input type="checkbox"/> NO
<b>Date:</b>					
<b>NAME</b>		<b>SIGNATURE</b>			