



## CHILD HEALTH INTEGRATED RESPONSE PATHWAY (CHIRP) – REFERRAL FORM

CHIRP brings together Child Development, Paediatrics and Child & Adolescent Mental Health services, to gather information and coordinate assessment for tamariki/children with neurodevelopmental, attention and/or behavioural needs.

### Criteria for referral

- Is 14 years or younger.
- Has developmental, attentional and/or behavioural needs, that are of clinical significance, impact on functioning across home and educational settings and may be due to an underlying neurodevelopmental condition including autism, ADHD and/or intellectual disability.

### Exclusions

- CHIRP do not assess for learning difficulties, i.e dyslexia, auditory processing disorder.
- ADHD cannot be assessed for tamariki/children under the age of 6 years.

DETAILS OF TAMAITI/CHILD		
First name: _____	NHI: _____	
Last name: _____		
Ethnicity: _____		
Iwi/hapu: _____		
Age: _____	DOB: _____	Gender: _____
Name of ECE/School: _____		

DETAILS OF PARENTS/CAREGIVERS/GUARDIANS		
First name: _____	Last name: _____	
Relationship to Tamaiti/Child: _____		
Address: _____		
Email: _____	Phone: _____	
Preferred way to contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Text
First name: _____	Last name: _____	
Relationship to Tamaiti/Child: _____		
Address: _____		
Email: _____	Phone: _____	
Preferred way to contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Text



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### REASON FOR REFERRAL

Please describe presenting concerns

Please tick the appropriate boxes

- |   |  |
|---|--|
| <input type="checkbox"/> Worries or fears                         | <input type="checkbox"/> Developmental milestone delay |
| <input type="checkbox"/> Autism traits                            | <input type="checkbox"/> Communication milestone delay |
| <input type="checkbox"/> Attention and concentration difficulties | <input type="checkbox"/> Obsession/compulsions         |
| <input type="checkbox"/> Challenging behaviour                    | <input type="checkbox"/> Social skills difficulties    |

Any additional information

### DETAILS OF REFERRER

Organisation:

Name of Referrer:

Position:

Email:

Phone:

- All Parents/Guardians of this tamaiti/child have given permission to refer to CHIRP.
- All Parents/Guardians of this tamaiti/child have given permission to send questionnaires to the ECE/school to gather information.

All of the material in this message is confidential to the addressee by legal privilege. If the reader is not the recipient, please note you may not use this material or pass it on to others. Please notify us promptly of having received this message in error.

### Please attach if applicable

- Teacher learning and behaviour questionnaire
- Teacher Vanderbilt screening in case of attention, impulsive or hyperactive behaviours (Only for children 6yrs and older)
- Parent/Guardians learning and behaviour questionnaire
- Parent Vanderbilt screening in case of attention, impulsive or hyperactive behaviours (Only for children 6yrs and older)

The above forms can be downloaded at Te Whatu Ora, Hauora a Toi Bay of Plenty Website. Also available to download is a handout about CHIRP which can be shared with parent/caregiver at time of referral.

<b>Tauranga:</b>	CHIRPtga@bopdhb.govt.nz	(07) 557 5658 or 027 283 4768
<b>Whakatane:</b>	CHIRPwhk@bopdhb.govt.nz	(07) 306 3124 or 027 261 9506