

Parent / Carer Referral Information

Date:			
Your name:			
Your gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Your age: _____
You / your child's cultural background:			
Language spoken:			
Contact phone number:			
Email:			
Child's name:			
Child's gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Child's age: _____

Child / Young Person's Limb Difference Information

Reason for limb difference:	<input type="checkbox"/> Congenital <input type="checkbox"/> Cancer <input type="checkbox"/> Infection <input type="checkbox"/> Trauma <input type="checkbox"/> Other (please specify) _____ _____
Site of difference:	<p><i>Lower Appendage:</i></p> <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Thru Knee <input type="checkbox"/> Symes <input type="checkbox"/> Partial Foot <input type="checkbox"/> Toe/s <input type="checkbox"/> Bi-lateral Other information: _____
	<p><i>Upper Appendage:</i></p> <input type="checkbox"/> Below Elbow <input type="checkbox"/> Above Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Partial Hand <input type="checkbox"/> Finger/s <input type="checkbox"/> Bi-lateral Other information: _____

General Information

So that we can match you to one of our Peer Support Volunteers, is there any other information or special requirements you would like us to know about?

Additional Comments

Referral Details

Referral details:	<p><i>Please provide details if someone other than the parent is making this referral:</i></p> <p>Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Mobile: _____ Phone: _____</p> <p>Relationship: _____</p> <p>Organisation (if applicable): _____</p> <p>Does the person consent to the request? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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More Information

Limbs 4 Life produces newsletters that are either sent out via post or email. If you would like a free subscription to these materials please include your email and/or postal address below:

Email address: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Privacy Statement

We can only respond to a referral if the individual has given their consent. In making this referral, you confirm that the individual has consented to receiving a peer support visit and to you providing us with their personal information. You also agree to us disclosing your personal information to the individual.

Thank you for requesting a Peer Support Visit. A staff member from Limbs 4 Life will be in contact with you shortly to arrange your visit. In the meantime, if you or a loved one would like more information about Limbs 4 Life or our programs please contact us via:

- Phone** 1300 782 231 (toll free)
- Email** fiona@limbs4life.org.au
- Website** www.limbs4kids.org.au