



Child Health Integrated Response Pathway (CHIRP) – Referral Form

CHIRP brings together Child Development, Paediatrics and Child & Adolescent Mental Health services. Our role is to gather information for children/Tamariki and young people/rangatahi, aged 14 years and younger, with neurodevelopmental needs including autism spectrum disorder, ADHD and/or intellectual disability. CHIRP will identify a pathway for assessment and support, if indicated, that best meets the needs of the young person and their whānau. Where appropriate this may lead to referrals to other services.

Criteria for referral:

- Is 14 years or younger.
- Parents/caregivers have consented to the referral
- Has developmental, attentional and/or neurodevelopmental needs, that 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 children/tamariki under the age of 6 years.
- CHIRP do not accept referrals where there are isolated speech needs only. Please contact Ministry of Education if this is the primary concern.

Details of child/tamariki or young person/rangatahi					
First name				NHI	
Last name					
Ethnicity:					
Iwi/hapu:					
Age		DOB:		Gender	
Name of ECC/School			GP name & practice		
Details of parent/caregiver/guardians					
First Name				Relationship to child/tamaiti	
Last Name					
Address					
Email:			Phone:		
Preferred contact	Email		Phone	Text	
First Name				Relationship to child/tamaiti	
Last Name					
Address					
Email:			Phone:		



Preferred contact	Email	Phone	Text
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Reason for referral			
Please describe presenting concerns			
Please tick the appropriate boxes			
Worries or fears		Developmental milestone delay	
Autism traits		Communication milestone delay	
Attention and concentration difficulties		Obsession/compulsions	
Challenging behaviour		Social skills difficulties	
Any additional information			
Details of referrer			
Organisation			
Name of Referrer			
Position			
Email		Phone:	
<input type="checkbox"/> All Parents/Guardians of this child/tamaiti has given permission to refer to CHIRP.			
<input type="checkbox"/> All Parents/Guardian of this child/tamaiti has given permission to send questionnaires to the ECC/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/Guardian questionnaire
- Parent Vanderbilt screening in case of attention, impulsive or hyperactive behaviours
(Only for children 6yrs and older)