

## CHILD DEVELOPMENT CENTRE - REFERRAL FORM

**Note: This is an online and editable form. Save and Email to [cdc@hmh.mv](mailto:cdc@hmh.mv). Please attach an up-to-date summary or report if available.**

**Form to be filled by professionals (Paediatricians/specialist doctors/allied health professionals).**

Complete sections A, B, C stating the reason(s) for referral and service requirements by ticking the box(es). Please ensure contact details are filled, this allows the CDC team to contact the clients to schedule initial appointments.

Please note that the Center for Child Development will determine eligibility and appropriate service(s) for this child dependent on diagnosis, medical reports and other information received.

<b>Section A - Patient details</b>		
Name of Child:		
Date of Birth:	Male / Female	NID Card No:
Address:	Name of Paediatrician:	
	Consulting Hospital / Clinic Address:	
Contact No. Email:	Contact:	
Date of Referral:	Nursery/School Name & Address:	Preferred Language:
Parent(s) or Legal Guardian's Name(s):		
Address:		Island:
Phone (Home):	(Work):	(Mobile):
Email:		
Diagnosis / Concerns:		

<b>Section B - Reasons for referral: Please tick as appropriate</b>	Tick
1. Developmental delay in 2 or more domains (global developmental delay):	
2. Child with isolated or gross motor delay (if medical cause is suspected):	
3. Child with syndromes associated with developmental delay:	
4. Children with neurological conditions, e.g., cerebral palsy, developmental co-ordination disorders:	
5. Child with complex medical needs referred from paediatrician/specialist for co-ordination of care and further management:	
6. Child with suspected developmental disorder such as ID, GDD, Language Disorder, SLD, ASD, ADHD, Tourette's and Tic Disorder or DCD:	
7. Child below the age of 18 years with behavioural or emotional difficulties that are associated with a developmental disorder such as ID, GDD, Language Disorder, SLD, ASD, ADHD, Tourette's and Tic Disorder or DCD:	
8. Child below the age of 18 years with emotional or behavioural difficulties associated with a physical disability:	

Abbreviation Key:

ID – Intellectual Disability

ASD – Autism Spectrum Disorder

ADHD – Attention-Deficit/Hyperactivity Disorder

GDD – Global Developmental Delay

DCD – Developmental Coordination Disorder

SLD– Specific Learning Disorder

<b>Section C - Service and Consultation Requirements</b> (Please identify and tick possible service or consultation requirements)		
Service/Consultation Required	Added Requirements	Tick
Speech and Language Therapy	Hearing Test done - Yes / No	
Psychology	Include Past Reports - Yes / No	
Orthotics and Prosthetics		
Physiotherapy		
Occupational Therapy		
Paediatrician		

Name:	Contact No:
	Email:
Designation	Registration No:
E-Signature:	