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|  | **Tasmanian Health Service**  Child Health and Parenting Service  Contact: Wetaway Program  Phone: 1300 064 544  Email: chapsadminsouth@ths.tas.gov.au |

# The Child Health and Parenting Service - Contact Form for Wetaway Program

Please complete the details and email to: [chapsadminsouth@ths.tas.gov.au](mailto:chapsadminsouth@ths.tas.gov.au)

## Contact Details (please ☑ as appropriate)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child (please print): | | | | | |  | | | | | | Date of Birth: | | | | | DD/MM/YYYY | |
| Address: | |  | | | | | | | | | | Suburb: | | |  | | | |
| Post Code: | |  | School (optional): | | | | |  | | | | | | | | | | |
| Name of Parent/Guardian: | | | | |  | | | | | | | | | | | | | |
| Address (  as above ): | | | | |  | | | | | | | | | Post Code: | | | |  |
| Telephone Number Home: | | | | | | | (  ) |  | | | Work: | | (  ) | | |  | | |
| Mobile: |  | | | | | | Email Address: | | |  | | | | | | | | |
| Own Transport: | | | | Yes  No | | | | | | | | | | | | | | |
| How did you find out about the program? | | | | | | | | |  | | | | | | | | | |

## Comments

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| --- | --- | --- |
|  | | |
| Date form filled out: | DD/MM/YYYY | |
| Permission is given for this information to be passed onto Wetaway team? | | Yes  No |

## Section to be completed by staff of Child Health and Parenting Service – OFFICE USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Identifier (child): |  | | |
| Source of Referral: |  | | |
| Contact – Date: | DD/MM/YYYY | Time: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intake Officer (please print): | |  | Designation: |  |
| Signature: |  | | Date: |  |