

Appendix 20.3: Correspondence
Appointment letter—multidisciplinary assessment (page 1/2)

Enquiries to:
 Telephone:
 Facsimile:
 Our Ref:

Dear -----

The following appointments have been arranged for ----- to be assessed by the Child Development Service at _____:

Day & Date	Time	Session	Child to Attend
		Assessment with Occupational Therapist	
		Assessment with Medical Officer or Paediatrician	
		Assessment with Physiotherapist	
		Assessment with Psychologist	
		Assessment with Speech Pathologist	

In addition, you and your partner are invited to attend the following sessions - where you will be given the opportunity to discuss the results of these assessments and help decide on the most appropriate management plan for your child. **Please do not bring your child along to the following 2 sessions:**

Day & Date	Time	Session	Child to Attend
		Feedback Session	
		Goal-setting Session	

Please note that your child's Case Coordinator will be -----

Office
 Queensland Health
 Child Development Service

Postal

Phone

Fax

Please contact ----- on ----- by __/__/__ to confirm that you will be attending these sessions.

Yours sincerely

Team Leader
____/____/____