

Appendix 8: Draft QH CDS Data Collection and Reporting Tool

**Data Entry Form**

Search:

| Row | Unique ID    | Date of birth |
|-----|--------------|---------------|
| 2   | [new record] |               |

**Child Development Services Data Reporting Tool**

Unique Identifier: [new record]    Date of birth:    Postcode:           

**Unique Identifier**  
 Unique Identifier  
 Date of birth  
 Age at referral  
 Indigenous status  
 Australian South Sea Islander status  
 Sex  
 Postcode  
 School/daycare  
 DCHS/Other Services

**Referral**  
 Date of Primary Referral  
 Referral Source  
 Date of Secondary Referral  
 Secondary Referral Source  
 Main Referral Issue  
 Social/ Environmental Complexity

**Intake**  
 Date of Intake  
 Mode of Intake

**Unique Identifier**  
 Insert Unique Identifier used by service (does not have to be Hospital URN)  
**This field is mandatory and may not be left blank**