Insert Date

title initial last name

occupational title (if relevant)

organisation (if relevant)

address

CITY STATE (eg QLD) POSTCODE

To Whom it may Concern,

**Re: CHILDS FULL NAME DOB: URN:**

Based on clinical assessment, recent investigations and current examination findings, I wish to advise you that PATIENT XY has a likely injury to their developing brain resulting in a confirmed diagnosis of ‘at high risk’ of Cerebral Palsy or other neurodevelopmental impairment.

As clinical signs and symptoms of cerebral palsy emerge and evolve before age 2 years, current International Guidelines state that timely community-based multidisciplinary early intervention is essential to both optimise infant motor and cognitive development and to prevent secondary complications.

Please accept this letter in support of PATIENT XY accessing early intervention supports through the National Disability Insurance Scheme.

Yours sincerely

 **Doctors Name**

**Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children’s Health Queensland Hospital and Health Service**

Provider Number:

**This report should not be photocopied, and copies should not be provided to any person or agency other than those directly involved in the case without first seeking the approval of the author. Any material which is considered to have use for future management of this case may only be imparted to another person or agency with the express permission of the author or the Paediatric Rehabilitation Service, Children’s Health Queensland Hospital and Health Service.**

CC: