

Referral Form for

Community Paediatrics

**Date………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Being Referred** | | | | |
| First Name | | Surname | | |
| Age | Date of Birth | | | Gender M F |
| Address | | | | |
| NHS Number | | | RLQ | |
| Name of Parent / Carer | | | Contact Telephone | |
| GP Practice | | | School/Nursery | |

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| --- | --- | --- | --- |
| **Who is Referring** | | | |
| First Name | | | Surname |
| Job Title |  | | Contact Phone number **AND** Email address |
| Work Base/  **Address** details | |  | |

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| --- | --- | --- | --- |
| **Please obtain Parent/Carer Consent to make this referral,** (Referrals without consent will not be reviewed) | | | |
| I am aware of the reason for this referral and consent to the referral being made. I understand that this referral may be discussed and shared with other services if it is felt appropriate (listed below) in order for additional or alternative service referrals to be made. I consent for information to be shared for this purpose.  **Parent Signature**: **or Verbal consent from (name of parent**):  *The paediatric services which this referral may be passed to are: Physiotherapy, Occupational Therapy, Portage, Speech and Language Therapy,  Health Visitors and School Nurses.* | | | |
|  | | | |
| **Reason for Referral** | | | |
| **(please provide as much detail as you can)** | | | |
| **Please detail any confirmed Diagnosis** | | | |
| **Relevant History** | | | |
| **Please identify any Safeguarding Issues** | | | |
| **Other Professionals involved** | | | |
| **Is an interpreter/signer required?** | Yes | No | Preferred Language…. |

Please return to: **Child Development Centre, Ross Road, Hereford, HR2 7R**L (Tel:01432 356438)

**E-mail** to: [Paediatric.referrals@nhs.net](mailto:Paediatric.referrals@nhs.net)

Send via Anycomms - child health/paediatrics

|  |  |
| --- | --- |
| **ACCEPTED** | |
| **Booking Details** |  |

|  |  |
| --- | --- |
| **REJECTED** | |
| **Rejection Reason** |  |

Scanned onto Maxims (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Triaged by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_