Please use this form for all children under the age of 16

Please try to give as much information as possible to aid the triage of the referral

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| --- |
| **Patient and Family Details** |
| Childs Name |  | DOB |  |
| NHS Number |  |
| Address |  |
| Parent / Carer Name |  | Parental Responsibility? Y /N |
| Contact Number |  |
| First Language |  | Interpreter required? Y / N |
| School / Nursery |  |
| GP |  |
| GP Address |  |

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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: Paediatrician, Occupational Therapy, Portage, Speech and Language Therapy, Health Visitors and School Nurses.* |

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| **Safeguarding** |
|  NoneLAC CIN  |  EHAConcerns please give detailsCP | Extra Information: |

|  |  |
| --- | --- |
| Name of Social Worker |  |
| **Reason for Referral:** |
| When did the problem start? |
| How is the problem affecting the daily life of the child? |
| Is the problem an acute flare up of a chronic problem? |
| Are there any neurological concerns? Please give details: |
| Has the child previously had Physiotherapy for this problem? |

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| --- |
| Other medical history (please include serious illness, accidents and birth history where appropriate) |
| EHCP  | Yes / No |
| Investigations and results? |
| Other professionals involved? |  |
| Any other relevant information |

|  |
| --- |
| **Referrer details** |
| Name |  |
| Job Title |  |
| Address |  |
| Contact Number |  |
| Date |  |

Please return this form to **paediatric.ptotreferrals@nhs.net**

**Office Use Only:**

**Urgent Gait clinic**

**Soon MSK clinic**

**Routine General waiting list**