

REFERRALS
BY HEALTH
PROFESSIONALS
ONLY

Children's Occupational Therapy Referral Form

Form UPDATED
JANUARY 2017

Please send this form by post or fax* to the Occupational Therapy Service, Child Development Centre, Sandy Lane, Orford, Warrington WA2 9HY. Fax no. 01925 575173 Tel: 01925 867858

* **Emails not accepted. Referral may be returned if incomplete.**

Child's details

Child's Name: _____ Male/Female

D.O.B: _____ NHS No: _____ Telephone: _____

Address: _____ Child's Nursery/Pre-School/ School

Name: _____

GP Name & Address: _____

Other professionals involved: (Name and job title) _____

Additional significant information

Diagnosis: _____ Significant birth/ health information: _____

Significant family history or disability: _____

Allergies known: Yes / No (if yes, please comment) _____

Family's first language: _____ Interpreter needed: Yes / No

Safeguarding concerns: Yes / No (If yes, please comment) _____

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Referrers Name: (Please print) _____ **Job Title:** _____

Contact Number: _____ Base: _____ Date of Referral: _____

Parental Consent gained for referral: Yes / No Verbal Consent Only Gained: Yes / No

Parental Responsibility/Main Carer: _____ **Parent Signature:** _____

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Date triaged: _____ Signed: _____ **Accepted / Declined** Priority: 1 2 3 4

Clinical Reasoning: _____

Please see the referral guidelines before completing this section

Reason for Referral *

**This should include details of any functional difficulties which are affecting the child i.e. dressing, using cutlery, using hands to play and moving for play. Equipment needs to function i.e. seating in school. Sensory issues that affect function.*

What is the reason for referral?

What specifically does the child and parents want occupational therapy to help with?

(Please discuss with parents/carer)

What is the impact of the child's difficulties on their daily activities?

What has been done to date to support / manage the child's difficulties?

Has there been any previous OT input? Yes / No *(If yes, please include dates and input received)*