REFERRAL TO CHILDREN'S OCCUPATIONAL THERAPY SERVICE

FORMS WITH INSUFFICIENT INFORMATION WILL BE RETURNED TO THE REFERRER

Name of Child:		**NHS Number:**	
Date of Birth:		**Gender:** ☐ Male ☐ Female	
Name of Parents / Guardians:			
Address:			
Telephone Nos.:	**Home:**	**Work:**	**Mobile:**
GP Name / Address:			
School Name / Address:			
Other Health Professionals Involved:			
Diagnosis / Relevant Medical History:			
Is an interpreter required? ☐ YES ☐ NO		**If YES, which language?**	

The Children's Occupational Therapy service is available to children with a disability or condition that significantly impacts on 2 or more areas of functional everyday activity.
PLEASE EXPLAIN THE SPECIFIC FUNCTIONAL DIFFICULTIES THE CHILD PRESENTS WITH?

☐ Self care skills including early independence e.g. eating, washing, dressing

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☐ School curriculum e.g. environment / writing / cutting / PE

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☐ Play / Leisure e.g. picking up items, playing with Lego and other small toys

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*** * * PLEASE TURN OVER TO COMPLETE * * * ***

Name of Child:	**NHS Number:**

PLEASE EXPLAIN THE SPECIFIC FUNCTIONAL DIFFICULTIES THE CHILD PRESENTS WITH?

☐ Seating and positioning

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Does the child present with sensory difficulties? ☐ YES ☐ NO

Has the child been seen by an Occupational Therapist before? ☐ YES ☐ NO
If yes when and by who?

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If not by local service please provide copy of report

If the child has gross motor difficulties, please briefly describe these:

RELEVANT BACKGROUND INFORMATION (for example safeguarding issues, home visit precautions with non-attendance/compliance, looked after child)

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For this referral to be accepted please confirm the following:

Has the person with parental responsibility for this child given consent for the Occupational Therapy referral to be made? ☐ YES ☐ NO

Additional report included/available ☐ YES ☐ NO	**If so, where?**
Referrer's Name (Print):	**Signed:**
Designation:	
Address / Base:	
Telephone Number:	**Date:**

Please return / fax this referral form to:

West Essex Single Point Of Contact
The Child Development Centre
Florence Nightingale House
Church Langley
Harlow
Essex
CM17 9TG
Tel: 01279 808230
Fax: 01279 808299
Email: spoc.cdcharlow@nhs.net