**Community Paediatrics Referral Form for Medical Assessment of a Neurodevelopmental Disorder**

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| **Name of Child:** | **Date of Birth:**  |

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| **Address:** | Post Code: |
| **NHS No (If Known):**  |  |
| **Contact Details:** | Mobile: | Home: | Alternate: |
| Email:\* *By providing your email address you give us consent to contact you with confidential information via non-secure email* |
| **Please name who has parental responsibility for the child:** |  |
| **GP Surgery:** |  |
| **\*** *We can only accept referrals if the child’s GP is part of the Cambridge CCG – Please redirect to local services if out of area* |
| **School attends:** ***(full address)*** | Post Code: |
| **Referral form completed by:** | Name: | Job Title: |
| **Referrer Contact details:** | Tel: |
| Email:\* *By providing your email address parents give us consent to contact you with confidential information via non-secure email* |
| **Date of completion:** |  |

**Please read before completing:**

**For primary school age children in mainstream schools Community Paediatrics offers assessments for children with neurodevelopmental concerns. The threshold for assessment is high. Support is needs based and is not determined by a diagnostic label. We work closely with SEND Services and information from them will feed into the assessment process if there is evidence of the child having SEND and meets their threshold. If they are not already involved, then discussion with them should be considered before a referral is made. Please refer to ‘Information for Referrers’ available at:** [**http://www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services-cambridgeshire/community-paediatrics**](http://www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services-cambridgeshire/community-paediatrics)

**Information from parents, child and school may be considered, however please make clear who is supplying the information. We recognise that the views of parents and professionals may differ and therefore it is helpful to understand whose views are being reflected. We would expect that the majority of the information supplied in this form will come from the school setting with additional information from home. It is important that relevant social and family circumstances are also included. If there is additional Social Care involvement then this, if not already included in the EHA, should also be included in this form. Information should be concise and relevant.**

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| **What is the primary reason for this referral?**  |
| 1. | Social Communication/Autistic Spectrum Condition assessment |  |
| 2. | Attention and hyperactivity out of keeping with developmental level (ADHD) |  |
| 3. | Medical assessment for a learning difficulty with supporting Educational Psychology report |  |
| 4. | Other. Please specify: |  |
| **Do the child’s parents have concerns and what are they?** |
| **Please consider the following areas**: Social Interaction and Managing RelationshipsInteraction with othersAttention and ConcentrationBehaviourMental Health and Emotional WellbeingGeneral Health |
| **Are the parents looking for:** |
| **Diagnosis request (including medical investigations): Yes/No** |
| **Intervention and support: Yes/No** |
| **Does school have concerns and what are they?** **(Please consider in terms of social communication/behavioural/learning domains)** |
| **Please consider the following areas**: Communication skillsInteraction with peersAttention and ConcentrationBehaviourUnusual interests and routinesSensory issues Mental Health and Emotional WellbeingGeneral Health |
| **Please list what support and strategies are currently being implemented at school and include Assess, Plan, Do and Review cycle (if applicable) with this form.****Consider what effect these interventions have had.****Attach relevant SEND report with this referral.** |
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| **Do the family have similar concerns to school: Yes/No**  |
| **If no please state how these differ:** |
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| **Please list support and strategies that have been offered and taken up by the family.** **If there is a significant behavioural concern we would expect that parents would have accessed some support prior to this referral having been made. Include what behaviour support or parenting classes have been accessed, including the name and dates. Please include certificates if available.** **Referrals for ADHD will not be accepted until behavioural support has been accessed.**  |
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| **Please give any relevant information regarding a child’s home setting, include parents and other significant family members, relevant social factors which may have some impact on a child’s presentation *(if not already included in the EHA)*.** **Include details of separation, bereavement, parental mental health, drug or alcohol issues etc.****Insufficient information here will result in a delay.** |
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| **Is the child and/or family involved with, or previously been known to, Social Care? Yes/No** |
| **If yes please provide the details of their Social Worker:** |
| **Name:****Tel:****Email:** |  |
| **Are they currently on a Child Protection Plan: Yes/No**  |
| **Is this child’s academic attainment in line with their peers: Yes/No** |
| **If no please quantify the gap using school measures, including current level. Please provide a key/brief description of school measures used, including expected levels for the child’s year group.** |
|  | **Current** | **Expected** |
| **Maths** |  |  |
| **English** |  |  |
| **Science** |  |  |
| **Reading**  |  |  |
| **Writing** |  |  |
| **Is this child’s academic attainment in line with their ability: Yes/No** |
| **If no what do you see to be the barriers.** |
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| **Is this child on a reduced time table: Yes/No**  |
| **If yes please specify:** |
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| **Is the child spending time outside the classroom on a regular basis: Yes/No** |
| **If yes please specify:** |
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| **Is school attendance a problem: Yes/No** |
| **If yes please specify:** |
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| **Is this child in receipt of an EHCP or has additional support in school: Yes/No** |
| **If yes please give detail:** |
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| **Please add any other relevant information which you feel is important for us to know when considering this child:** |
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| **Refer to the ‘Guidance for Referrers’. Please specify and include the information required.**  |
| **Tick if included** |
| **Early Help Assessment (EHA)** |  |
| **Social Communication Descriptors (for ASC/Social Communication ONLY)** |  |
| **SEND Report (Specialist Teacher / Educational Psychologist)** |  |
| **Safeguarding information** |  |
| **Assess, Plan, Do, Review cycle** |  |
| **Information regarding social and home circumstances (not already included in EHA)** |  |
| **Any other professional reports available (please list below):** |  |

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| **Would an interpreter be required for an appointment: Yes/No** |
| **If yes please specify language:** |  |

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| **Do parents agree to the sharing of this information with ALL relevant agencies: Yes/No** |
| **If no please specify:** |  |
| **Parents/Carers:** | **Sign:** |  |
| **Print:** |  |
| **Relationship to child:** |  |
| **Date:** |  |

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| **Do both parents live in the family home: Yes/No** |
| **If no can information including child’s address be shared with both parents: Yes/No** |
| **Please provide the details of parent not living in the family home if information can be shared:** |
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