**Children’s Occupational Therapy Referral form**

**Please complete all fields; incomplete forms will have to be returned.**

**Consent: Has informed consent been obtained for the child to be referred?** [ ] **Yes** [ ] **No**

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| **Name:**  | **Date of birth:** | **Gender:** |
| **NHS Number:**  |  |  |
| **Address:**  | **Postcode:**  |
| **Telephone:**  | **Mobile:**  |
| **Email:** |
| **Ethnicity:** | **Religion:** | **Language:**  | **Interpreter needed?** [ ] **Yes** [ ] **No** |
| **Main carer: Relationship with child:** |
| **Other carers with parental responsibility:****Address if different:** |
| **GP Surgery:**  |
| **Does this child or the child’s family pose a risk to a lone worker:** [ ]  **Yes** [ ] **No****Are there any safeguarding concerns?** [ ]  **Yes** [ ] **No** |
| [ ]  **Nursery** [ ]  **Mainstream school** [ ]  **Special school** [ ]  **Independent school** [ ]  **Home education****Name of School/Nursery: School year:** **Is child making educational progress as expected** [ ]  **Yes** [ ]  **No** **If no, please specify:** |
| **If applicable, indicate stage on Code of Practice:** School Action, School Action Plus, EY action, EY action plus,EHCPlan.  |
| **Any medical diagnosis:** |
| **Other professionals involved:** Physiotherapist [ ] Paediatrician [ ] Social worker [ ] Health visitor [ ] Visual Impairment Teacher or Specialist Teacher [ ] Other [ ]  Speech and Language Therapist [ ]  |
| **Reason for Referral:** Please describe how the child’s difficulties are affecting their everyday life (e.g., sitting, using the toilet, dressing, hand skills):(max 100 words) |

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| **Please indicate what universal and/or targeted support has been completed/is ongoing together with the date intervention started/ended.** (See our website for universal and targeted support)[https://www.cambscommunityservices.nhs.uk/cambridgeshire-children's-occupational-therapy](https://www.cambscommunityservices.nhs.uk/cambridgeshire-children%27s-occupational-therapy)[ ] Advice Line – Parents, Carers, Schools, other Professionals [ ]  Ready to Learn Pack (please attach) [ ]  Universal and Targeted support across all areas of daily living [ ]  Housing Information [ ]  Other **Comments/Outcomes:**  |
| **If referral for Housing Need: Please state tenancy**:[ ]  **Owner Occupier** [ ]  **Private rental** [ ]  **Social housing** please state which council or housing association**Urgent? No** [ ]  **Yes** [ ]  **Please describe why:** |
|  |
| **Please give details of what parent/carer and child are expecting from this referral:** (max 100 words) |
| **Referrer details:**Name: Designation: Email address: Contact Address: Telephone: |

**Once completed please send this form, together with any relevant reports or letters to:**
CCS-TR.therapyreferrals@nhs.net

**Postal address:** Occupational Therapy Admin, The Peacock Centre, Brookfield’s Hospital Campus,
Mill Road, Cambridge CB1 3DF. **Tel:** 0300 029 5050

**PLEASE SEE OUR WEBSITE FOR UNIVERSAL AND TARGETTED SUPPORT:** [https://www.cambscommunityservices.nhs.uk/cambridgeshire-children's-occupational-therapy](https://www.cambscommunityservices.nhs.uk/cambridgeshire-children%27s-occupational-therapy)