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| **Sefton Community Physiotherapy & Occupational Therapy Service Referral Form** |
| **Which service/s are you referring to:** [ ]  **Physiotherapy** [ ]  **Occupational Therapy****Please ensure you have read the service leaflet prior to completing this referral form. Please note that therapy intervention will only be effective if someone is able to carry out the recommendations and advice in everyday activities both at home and in educational settings.** |

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| **PATIENT INFORMATION** |
| Name: Address: PostcodeDate of Birth: NHS No (if known): Tel / Mobile No:Birth Gender: Ethnicity / Faith: Name of Parents / Carers: Who has parental responsibility, if not as above?  Parent Email: | GP Surgery:  |
| School / Nursery (if attending):  |
| Preferred Language: Interpreter required? |
| Diagnosis? (if any):  |
| Is this a Looked After Child (LAC) Yes [ ]  No [ ]  Is this child under a care plan? Yes [ ]  No [ ] Identified risks? Yes [ ]  No [ ] Parental consent for referral? Yes [ ]  No [ ]  |
| Does the child have an EHCP? Yes [ ]  No [ ]  or is an EHCP / Needs Assessment in progress? Yes [ ]  No [ ]   |
| Are there other professionals involved with this child? If yes, please give contact details below:[ ]  Consultant [ ]  Educational Psychologist/Portage[ ]  Occupational Therapist [ ]  Social Worker [ ]  Physiotherapist [ ]  Orthotics[ ]  Speech & Language Therapist [ ]  OthersContact Details: |
| **REFERRER’S DETAILS** |
| Name: Designation: |
| Address:  |
| Email: Contact Number: |
| Referrer’s Signature: Date of referral: |

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| **PATIENT HISTORY** |
| **Birth History & General Development** (if premature, what was the estimated delivery date?):At what age did your child achieve their motor milestones?

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| Rolling: |  | Sitting: |  | Crawling: |  | Walking: |  | Talking: |  |

Other Medical History / Medications:Investigations / results: e.g. x-ray / CT scan etc. |
| **Please tell us about any relevant advice that has been given already.** Tell us about anything that family or school/nursery have already tried to help and for how long e.g. school-based motor groups, previous exercises, activities or advice sheets given. |
| **Has this child had previous Physiotherapy or Occupational Therapy input from anywhere?** **If so, is this current referral for new concerns where input and advice has not already been provided?**Please tell us about any previous input or attach any reports. |
| **In your estimation, how is this child performing with their learning / cognitive development?** [ ]  Above average [ ]  Average [ ]  Slightly below average [ ]  Significantly below average |
| **Does the child receive any additional support in nursery / school?**  |
| **What do you hope the child / young person will gain from this referral?** |

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| **REASONS FOR REFERRAL** |
| **What are the concerns you would like Physiotherapy and/ or Occupational Therapy to help with?** Please give examples of who is concerned and the impact of these concerns on the child’s function in everyday life both at home and in school/nursery. Please complete only the areas where you have the main concern – you **DO NOT** need to complete all the sections if not relevant to this current referral. |
| **Gross Motor Development / Functional skills impacting physical activity and exercise:** |
| **Fine Motor Development / Classroom Skills e.g. pencil, handwriting & scissor skills:** |
| **Self-care and Independence Skills e.g. dressing, bathing, cutlery use:** |
| **Postural Care / Moving & Handling:** |

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| **Please detail any other information you think may be helpful:** |

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| **Please return the form by email to** **seftoncommunity.physio-ot@nhs.net** |
| **North Sefton** Children’s Community Physiotherapy & Occupational Therapy ServiceAinsdale Centre for Health and Wellbeing164 Sandbrook RoadAinsdale, Southport, PR8 3RJTel:0151 282 4846 Referral postcodes: PR8, PR9, L37  | **South Sefton** Children’s Community Physiotherapy & Occupational Therapy ServiceBlossom House (Alder Park)Park RoadWaterloo L22 3XETel: 0151 252 5729 / 0151 252 5836L20, L21, L22, L23, L30, L31, L38 & Sefton parts of L10 |
| **Please ensure you have completed all sections of the form fully to avoid delay and to assist us in prioritising the child’s needs – incomplete forms will be returned. Please ensure this referral has been discussed with parent / carer and consent to referral gained.** **If you notice a significant deterioration in this child’s functional or physical ability, please seek immediate medical advice.** |