

Appendix 1 Referral Form for CYP Occupational Therapy



**Children's Occupational Therapy
Special School Referral form**

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

Name:		DOB:	Gender:
NHS Number:			
Address		Postcode:	
Telephone:		Mobile:	
Email (please ensure consent is signed)			
Ethnicity:	Religion:	Language:	Interpreter needed Y/N
Main carer:			
Relationship with child:			
Other carers with parental responsibility:			
Address if different:			
GP Surgery:			

Activities of Daily Living including life skills, fine motor skills or safety in school. (school to provide evidence of school based interventions trialled (from IEP). School based intervention to have been trialled for a minimum of 1 terms before therapist referral.

Equipment Assessment (including seating assessment)

Housing (Minor/Major adaptations, safety issues)

Positioning to access curriculum (to include positioning for switch use/access to the curriculum).

Sensory – Referral to Parent Workshop (may include invite to include relevant staff member).

Moving and Handling (assessment of moving and handling into/out of equipment as part of therapy programme).

Related to a planned surgery (please include date if known)

Please state the reason for the referral which relates to above ticked box:

What interventions (related to this issue) have been tried or are currently in place?

What was the outcome?

Please attach any relevant reports.

If previously seen by Occupational Therapy, when was the last contact?

Parent's level of concern about the issue for which referral is being made.

High Moderate Low

Additional views of parent / different areas of concern that they identify :

Child's views?

What is the **Desired outcome** from OT assessment/intervention?

Safety

Are there any safety issues/ risks for the child or others (arising from child's needs)? Please specify:

Referrer details			
Name:		Designation:	
Address:		Telephone:	
Email:			

Parental consent to share:

Share in: Yes No Share out Yes No

Please return this form with any available reports to;

Postal address: Occupational Therapy Admin, The Peacock Centre, Brookfields Campus, 351 Mill Road, Cambridge, CB1 3DF

Electronic copy of this form can be sent to: CCS-TR.therapyreferrals@nhs.net