**Children’s Physiotherapy Referral Form**

**Paediatric Rehabilitation Service**

**Please complete all fields; incomplete forms will be returned**

|  |  |  |
| --- | --- | --- |
| **Name:**  | **DOB:** | **Gender:** |
| **NHS Number:**  |
| **Address** | **Postcode:** |
| **Telephone:** | **Mobile:** |
| **Email:** |
| **Ethnicity:** | **Religion:**  | **Language:** | **Interpreter needed Y/N** |
| **Main carer:****Relationship with child:**  |
| **Other carers with parental responsibility:****Address if different:** |
| **GP Name: GP Surgery:** |
| **Does this child or the child’s family pose a risk to a lone worker:** [ ]  **Yes** [ ] **No** |
| **Other relevant information** (cultural, social, home situation, safeguarding plan*)***Parental Consent for PT referral:** [ ]  **Yes** [ ] **No** |
| **Educational Setting: School Year:** |
| [ ]  **Nursery** [ ]  **Mainstream school** [ ]  **Special school** [ ]  **Independent school** [ ]  **Home education** **Is child making educational progress as expected** [ ]  **Yes** [ ]  **No** **If no please specify:****Name of School/Nursery:** |
| **EHCP:** [ ]  **Yes** [ ]  **No** **Caseworker Name: Contact Number:** |
| **SenCo name:**  | **Contact details:** |
| **Diagnosis or primary area of difficulty:** |
| **Past Medical History/Birth History:** |
| **Other professionals involved** | **Yes/No** | **Name and Trust/Authority:** |
| Occupational Therapy | [ ]  |  |
| Paediatrician | [ ]  |  |
| Speech and Language Therapist | [ ]  |  |
| Social worker | [ ]  |  |
| Health visitor | [ ]  |  |
| Other | [ ]  |  |
| **Please state the reason for the referral:****What interventions (related to this issue) have been tried or are currently in place?****What was the outcome?****Additional views of parent / different areas of concern** **that they identify :****Child’s views?** |
| **Referrer details** |
| Name: |  | Designation: |  |
| Date of referral: |  |
| Address: |  | Telephone: |  |
| Email: |  |

Please return this form with any available reports to:

Postal address:

Children’s Therapy Team

Rehabilitation Services

Gayton Road

King’s Lynn

Norfolk

PE30 4ET

Electronic copy of this form can be sent to: qehkl-tr.paediatrictherapyreferral@nhs.net