**NHS Specialised Children’s Services**

Harrogate and District Foundation Trust

 **Referral Form**

This form must be completed by a Health Professional. Only forms that have sections A-E completed will be forwarded to the OT Triage Team.

 **a) Details of Child:**

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| --- | --- |
| Name: | Date of Birth: |
| Hospital No (if relevant): | NHS No: |
| GP Practice and CCG: | Address: |
| Telephone Number: |
| School/Nursery: | SENCo Name:SENCo Contact Tel & Email: |
| Is there an EHCP?If yes, please provide details relevant to this referral |
| Has the parent / carer consented to this referral? |

 **b) Details of Care Giver:**

|  |  |
| --- | --- |
| Name of parents or person with parental responsibility: | Address: |
| Who else lives at home (name and relation to young person): |
| Are they a military family? |
| Contact Telephone numbers:Landline / Mobile | Email address: |
| What do the parents / care givers want the child to achieve by having an Occupational Therapy Assessment: |

 **c) Details of Referrer:**

|  |  |  |
| --- | --- | --- |
| Name of Referrer: | Profession: | Date of referral: |
| Phone: | Email: |
| Other professionals involved with the child (please provide full names and contact details): |

 **d) Safeguarding Questions (if yes to any questions, please provide details):**

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| Are there any known risks to ’Lone Working’ with this family? |
| Are there any safeguarding concerns? |
| Does the child / young person have a social worker? If yes, please provide details: |

 **e) Current Medical Problems, Diagnosis, Ongoing Investigations:**

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| --- |
| Please describe current medical problems, diagnosis, ongoing investigations: |

 **f) How does the child’s condition affect the way that they take part in day to day activities?**

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| --- |
| *Ability to move around in the school / playgroup / home or community:**Self-care activities such as getting dressed, eating and drinking etc.:**Participation in school, home and leisure activities:**E.g. writing and recording school work, attention and concentration* |

 **g) Other information:**

|  |
| --- |
| *What are the young person’s strengths / interests?* |

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| --- |
| *What goals does the child have?* *What is important to the child?* |

|  |
| --- |
| *What strategies have already been tried?* |

Please return this referral via:

1. SystmOne
2. Email between nhs.net accounts
3. Secure email if external to nhs.net

**Email for all OT Referrals**: hdft.scsadmin@nhs.net

Once your referral has been received, the relevant OT service will review the referral and contact the referrer about next steps. Thank you for your assistance with this.

We would welcome any additional information from parents and / or school. Please send this through with the referral.