Referral & Patient Registration Form for Children's Services

NHS Walsall

SECTION A

Baby, Child or Young Person's Details	**NHS No:**										

Surname:	**Forename(s):**	Also known as:
DOB:	**Title:**	**Sex:** M / F
Address: **Post Code:** ☐ Temporary ☐ Permanent	Correspondence Address (if different): **Post Code:** Parents/Carers wish to receive copies of letters, reports, referrals ☐ Yes ☐ No	
Contact Tel No(s):	**GP:**	
Ethnicity: Religion:	**GP Address (or Bag No.):**	
Interpreter required? **Language(s):**	☐ Registered Disabled ☐ Disabled Parking Required	

Personal Carer Information (NB: Personal Carer is the Main Carer with Parental Responsibility)		
Next of Kin. Name:	**Relationship:**	**Sex:**
DOB: Ethnicity:	Religion:	
Address: Post Code:	Contact No:	
Other Carer Name:	Relationship:	Sex:
DOB: Ethnicity:	Religion:	
Address: Post Code:	Contact No:	

Medical Diagnosis/Difficulties:	**Current Medication:**

Referral Details		
Referral Date:	**Agency Referring:**	**Location:**
Referred by: Print name:	Signature:	**Contact number:**

Referral Priority: ☐ Routine ☐ Urgent	**School or Nursery attended:**
Reason for Referral: Continue over	Referral has been discussed with: ☐ Parent ☐ Carer ☐ Young Person Date: ______________ Signed: ______________________ Is Child: ☐ On CP Register ☐ Adopted ☐ Travelling Family ☐ Looked After Children ☐ Child Concern
Referred to Service/ Speciality * :	Referred to Team/Clinician:
Any Additional Supporting Information: Continue over	

For Office Use Only:	
Date Received Referral:	**Purpose:**
Referral Reason:	**Authorisation:**
Referred to Team	**Referred to Clinician:**
Referral Rejection:	**Reason for Rejection:**
Signed by: _________________	**Date:** _______________

*** If Referred to Speciality is Team Around Child, Physiotherapy, Speech & Language Therapy or Occupational Therapy, then please provide any appropriate additional Information in Section B Page 2 or for CAMHS please use additional supporting information section and refer to the guidance notes.**

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SECTION B

NHS Walsall

Sub section i:

Referred to Speciality :	**Hearing**
☐ Physiotherapy - Medical Referral Only ☐ Occupational Therapy - Medical Referral Only ☐ Speech & Language Therapy - Open Access ☐ Team Around Child (TAC) - Open Access ☐ Other - Please specify: ______________________	☐ Satisfactory ☐ Problem Suspected ☐ Hearing Loss Confirmed **Vision** ☐ Satisfactory ☐ Problem Suspected ☐ Visual Problem Confirmed

Birth History

Please describe concerns in any of the following areas – see notes for guidance

Gross Motor	**Fine motor**
Self-help (feeding, dressing & toileting)	**Visual Perception**
Attention & Concentration	**Behaviour**

Communication Skills (tick all that apply)

☐ No concerns ☐ Stammering ☐ Difficulty putting words together

☐ Voice problems ☐ Not using Words ☐ Difficulty understanding/following instructions

☐ Not pronouncing certain sounds ☐ Other communication problem - Please describe:

Sub section ii:

Does the child have any learning problems? Stage of Code of Practice: (if applicable)	National Curriculum Attainment Levels/Baseline Scores:

Sub section iii: Referral to SLT for problems with oral control for feeding/swallowing – medical referral only.

☐ Problems with oral control for feeding/swallowing

Please give details:

Sub section iv: To be completed if Referral to TAC

Is transport required? ☐ Yes ☐ No

Sub section v: Other services involved with the child:

☐ Physiotherapy ☐ Occupational Therapy ☐ Speech & Language Therapy ☐ Sure Start ☐ N.C.H

☐ Pre-School Service ☐ Clinical Psychology ☐ Vision Impaired ☐ Hearing Impaired

☐ Social Worker ☐ Consultant (s) Name:_______________ _______ Name: ________________________

Any Additional Supporting Information:

Continue on new page if required

For Occupational Therapy, Physiotherapy or TAC please send referral to: Child Development Centre Coalheath Lane Walsall WS4 1PL Tel: 01922 858729	**For Speech & Language Therapy please send referral to:** Ablewell House 30 Birmingham Rd Walsall WS1 2LT Tel: 01922 605400	**For referrals to CAMHS:** In cases of emergencies or if you have any queries regarding a referral to the service please contact the Department on: 01922 424940