### PAEDIATRIC OCCUPATIONAL THERAPY - SOCIAL CARE

# **REFERRAL FORM**

[*Click here*](https://www.afclocaloffer.org.uk/uploads/afclocaloffer/document/file/154/Eligibility_Criteria_for_ISCD_Social_Care_Teams_June_2015__1_.pdf) *to check the Children with Disabilities Team Eligibility Criteria*

**Please note this is NOT a health referral form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Gender:**  |  |
| **DOB:**  |  | **Child’s means of communication:** |  |
| **Address:** |  |
| **Postcode:** |  | **Email:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **First Language:** |  | Interpreter Required? |  |
| **Parent’s/ Guardian’s name:** |  |
|  |  |  |
| **Please list who lives in the family home:** | **Type of accommodation:** | **Tick** |
|  | Council |  |
| Housing Association |  |
| Owner Occupier |  |
| Private Rented |  |
|  |
| **Name of person referring:** |  | **Has parent/ guardian given consent for OT involvement?** |  |
| **Address:** |  | **Postcode:** |  |
| **Telephone:** |  | **Email**: |  |
| **Relationship to child:** |  |
| **Date of referral:** |  |
| **Name and address of GP:** |  |
|  |
| **Disability/ Diagnosis:**Please give information about the child’s medical condition and how this affects them.  |
|  |
|  |
|  |
| **Activities of daily living:**Please tick which box best describes the child’s abilities.  |
|  | **Independent – manages with no help** | **Requires minimal help or equipment only** | **Not possible without full assistance** |
| **Mobility:** |  |  |  |
| Indoors |  |  |  |
| Outdoors |  |  |  |
| Stairs |  |  |  |
| **Transfers:** |  |  |  |
| On/off toilet |  |  |  |
| On/off bed |  |  |  |
| On/off chair |  |  |  |
| In/out bath |  |  |  |
| **Access to:** |  |  |  |
| Toilet facilities |  |  |  |
| Bath/ shower room |  |  |  |
| Property itself |  |  |  |
| **Personal care:** |  |  |  |
|  |  |  |
|  |
| **Referrer/ Client summary of problem and indication of urgency:** |
|  |

***Please return this form by email or post to*:**

**Email:** socialcareot@achievingforchildren.org.uk

**Occupational Therapist Social Care**

**Children with Disabilities Team**

**Moor Lane Centre**

**Moor Lane**

**Chessington**

**KT9 2AA**

**T: 020 8547 5600 Ext 4210**

Upon receipt of the Referral, the Occupational Therapist will assess the child / young person’s needs and respond directly to the family.