Walsall NHS
Teaching Primary Care Trust

Referral & Patient Registration Form for Children's Services
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:	GP:
Ethnicity:	GP Address:

Interpreter required:	Language:	Religion:	☐ 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
Medical Diagnosis/Difficulties:	Current Medication:

Referral Details	
Referral date:	Referring Agency:
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 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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Referral & Patient Registration Form for Children's Services
SECTION B

Sub section i:

Referred to Speciality :
- ☐ Physiotherapy - Medical Referral Only
- ☐ Occupational Therapy - Medical Referral Only
- ☐ Speech & Language Therapy - Open Access
- ☐ Team Around Child (TAC) - Open Access
- ☐ Other - Please specify: ________________________

Hearing
- ☐ 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	Name:_______________ ________	☐ Consultant (s)	Name: _________________________	

Any Additional Supporting Information:

Continue on new page if required

For Occupational Therapy, Physiotherapy or TAC	**For referral to Speech & Language Therapy**	**For referrals to CAMHS:**	**For referral to The Health Transition Team:**
Child Development Centre Coalheath Lane Shelfield Walsall WS4 1PL Tel: 01922 858729	Ablewell House 30 Birmingham Rd Walsall WS1 2LT Tel: 01922 858726	In cases of emergencies or if you have any queries regarding a referral to the service please contact the Department on: 01922 424940	The Allens Centre Hilton Road, New Invention WV12 5XB Tel 01902 413106