**Community Paediatric Physiotherapy Referral Form**

*Please complete this form ideally typed but if not, in block capitals*

**Please note: Incomplete referrals will not be processed**

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| **Name:** | **Date of Birth:** |  | |
| **Address:** | **Tel Home:**  **Tel Mobile(s):** | | |
| **Gender:** | Female/Male | |
| **GP:** | **NHS number:** | | |
| **Consent given to share information for this referral?** | | | Yes/No |
| **School/Nursery:** | | | |
| **Does the child/young person have an Education, Health and Care plan?** (please outline support provided or attach) | | | |
| **Does the child/young person have an Early Help Assessment?** (Please attach) | | | Yes/No |

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| **Reason for referral:** (presenting condition) | |
| **Diagnosis:** (if known) | |
| **History of presenting condition:** (including parental/school concerns, pregnancy and birth history, achievement of motor milestones, etc) | |
| **Relevant past medical history:** | |
| **Has the child received physiotherapy input in the past:** | Yes/No |
| If yes, detail where, who and input/advice given: | |
| **What, if any, therapy equipment has been issued?** | |
| **What interventions (related to this issue) have been tried/are being tried place and who is providing them?:** (e.g. school sensory circuits, motor groups, etc) | |
| **Family and Social History:** (e.g. home situation, cultural, social, safeguarding issues, known conditions in family, etc) | |
| **Interpreter required?:** | Yes/No |
| **If yes, which language:** | |
| **Any other relevant information:** | |
| **Other professionals involved (please name and give contact details):** (e.g. Speech and Language Therapy, Occupational Therapy, Health Visitor, Paediatrician, Social Work, Educational Psychologist, Psychologist, etc) | |
| **If you are making a referral to any other service(s) alongside this referral? If yes, please state which service(s):** | |

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| **Referrer’s name and Contact Details:** |
| **Date of referral:** |

**Please return this form (ideally electronically) with any relevant reports to:**

*Email address:* cpm-tr.pboro-paedphysiotherapy@nhs.net

*Postal address:* Children’s Therapy Services*,*

Administration Zone A

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