**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**

|  |  |  |
| --- | --- | --- |
| **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 |

|  |
| --- |
| **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):** |

|  |
| --- |
| **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

City Care Centre

Thorpe Road

Peterborough

PE3 6DB

Tel: 01733 847166