

## Child Health Service referral form

### Children's Learning Disabilities Nursing

\*Required field

<b>For referrals to be accepted the following is required</b>	
This form should be used for referrals for children who have been diagnosed with a: <ul style="list-style-type: none"> <li>○ Learning Disability</li> <li>○ Neurodevelopmental difficulty</li> <li>○ Complex health/developmental needs</li> <li>○ or are under investigation for the above.</li> </ul>	
<b>Referrals to be made by Professionals only</b>	
Children who do not attend a school for children with Learning Disabilities should be assessed by Universal Services before being referred to the Learning Disability nursing Team.	
All referrals will be triaged before being accepted into the service	
Support could be in the form of small group sessions or 1:1 work	

### General information

*Date of referral		*Childs date of birth	
*Childs first name		*Childs family or last name	
*Name child likes to be known by		NHS Number (if known)	
*Name of parent/carer/guardian with parental responsibility			
*Email of parent/carer for appointments, reports and information to be sent			
*Address where the child lives			
*Contact number for parent /carer			
Name of second parent that has legal responsibility (if different from above)			
What is the relationship to parent listed above			
Email of second parent/carer for appointments, reports and information to be sent			



Address of second parent/carer if different to listed above	
Contact number of second parent/carer	

### Who else works with the family or child?

*GPs name and address	
Hospital doctors name and address	

Service		Service	
	Speech and language therapy		Physiotherapy
	Occupational therapy		Dieticians
	Podiatry		Learning disability nurses
	Social worker		Community nurses
	Health Visitor		School nurse
	Child and adolescent wellbeing service (NELFT)		Special needs nursery
	Audiology		Ophthalmologist
Other – please state:			

### For schools and nurseries

*Name and address of nursery or school	
*Contact person name and email address	
*Contact number	

### Safeguarding

	Yes	No
*Does the child have a child protection plan?		
*Is the child a child in need?		
*Is the child a looked after child?		
*Has early help been initiated?		
Any further information		



Social workers name and contact details	
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### Consent

	Yes	No
*Are the parents/carers in agreement to this referral?		

*Referrers name and address	
*Email address	

### Pathway specific questions

Diagnosis –	
How long has the child been known to the referrer?	

### Family Composition

	Name	Date of Birth	Address
Mother			
Father			
Siblings (1)			
(2)			
(3)			
(4)			

### Significant Others:

Name	Relationship	Date of Birth	Address



<p>Has the child got a recognised/ diagnosed Learning Disability?</p>	
<p>Reason for Referral: <i>(e.g. How long has there been concerns? What are they?) Please give as much detail as possible, (not just 'behaviour' or 'sleep problems').</i></p>	
<p>What support is needed? What would you like as an outcome of this referral?</p>	
<p><b>Information about :</b></p>	
<p>The Child: <i>(including medication, development, health, social care needs, mobility, special needs, any other relevant information)</i></p>	
<p>The family: <i>(include history, housing, support/extended family)</i></p>	



Views of parents/professionals/others involved.	

