

**Office Use Only**

Referral accepted: Yes / No  
Clinic code:  
Priority level: 1 2 3  
Signed: Date:  
Name:

**Not accepted**

Out of area/Not Coventry GP  
Inappropriate  
Incomplete/more information required  
Recommendation:



**Coventry and  
Warwickshire Partnership**  
NHS Trust

## CHILDREN'S OCCUPATIONAL THERAPY REFERRAL FORM

REFERRALS WILL ONLY BE ACCEPTED FROM A HEALTH, SOCIAL CARE OR EDUCATIONAL PROFESSIONAL. PLEASE ENSURE THAT THIS FORM IS FILLED IN FULLY.

IT WILL BE RETURNED TO YOU IF ITEMS ARE NOT COMPLETED.

<b>CHILD'S DETAILS</b> Sex: M F	<b>PARENT/CARER:</b>	
Date of Birth:..... .....	First Name: .....	GP:
NHS Number (if known): .....	Surname:.....	Address:
First Name(s): .....	Relationship to Child: .....	
Surname:..... .....	.....	Nursery/School:
Address:..... .....	Address (if different from child).....	
.....	.....	Teacher's Name:
Postcode: .....	.....	
Telephone: .....	Postcode:.....	Language Spoken:
Email Address: .....	Telephone: .....	
.....	.....	Interpreter Required? Yes/No
Is this a Looked After Child? Yes / No	If Yes, please provide details of who holds responsibility	
.....		

<b>Known to Social Care:</b> Yes / No	<b>CAF in Place:</b> Yes / No	<b>CAF Lead:</b>
<b>Named Social Worker and Base:</b> .....		

**Ethnic Origin (Please tick)**

<input type="checkbox"/>	<b>White British</b>	<b>(A)</b>
<input type="checkbox"/>	<b>White Irish</b>	<b>(B)</b>
<input type="checkbox"/>	<b>Other White</b>	<b>(C)</b>
<input type="checkbox"/>	<b>White &amp; black Caribbean</b>	<b>(D)</b>
<input type="checkbox"/>	<b>White &amp; black Africa</b>	<b>(E)</b>
<input type="checkbox"/>	<b>White &amp; Asian</b>	<b>(F)</b>

<input type="checkbox"/>	<b>Other mixed</b>	<b>(G)</b>
<input type="checkbox"/>	<b>Asian- Indian</b>	<b>(H)</b>
<input type="checkbox"/>	<b>Asian- Pakistani</b>	<b>(J)</b>
<input type="checkbox"/>	<b>Asian- Bangladeshi</b>	<b>(K)</b>
<input type="checkbox"/>	<b>Other Asian</b>	<b>(L)</b>
<input type="checkbox"/>	<b>Black Caribbean</b>	<b>(M)</b>

<input type="checkbox"/>	<b>Black African</b>	<b>(N)</b>
<input type="checkbox"/>	<b>Other Black</b>	<b>(P)</b>
<input type="checkbox"/>	<b>Chinese</b>	<b>(R)</b>
<input type="checkbox"/>	<b>Other Ethnic group</b>	<b>(S)</b>
<input type="checkbox"/>		
<input type="checkbox"/>	<b>Not stated</b>	<b>(Z)</b>

<b>Name of referrer:</b> .....	<b>Designation:</b>
.....	
<b>Referrer Address:</b> .....	<b>Referrer Contact Number:</b>
.....	
<b>Referral Date:</b> .....	<b>Referrer Signature:</b>
.....	

<b>HEALTH INFORMATION</b>	
Does the child have a specific health condition / diagnosis? <b>Yes / No</b>	If yes, please state:
Birth history; Was your child born at full term? If not, how many weeks gestation? How was the birth? e.g. C-section Was any support required after Birth? e.g. Special Care Baby Unit.	
Developmental history; At what age did your child... Roll..... Sit..... Crawl..... Walk..... Talk (started using single words).....	Learn to ride a scooter? ..... Learn to ride a bike? ..... Learn to swim? ..... Toilet trained? .....
Are there any other professionals/services involved/working with child/young person?	
Does your child use / have any specialist equipment e.g. wears glasses, seating, toileting or walking aids?	

**Please liaise with school or nursery to complete the following relevant sections with regards to your child's learning levels:**

<b>For nursery age children</b>	<b>Beginning</b>	<b>Beginning Plus</b>	<b>Working Within</b>	<b>Working Within Plus</b>	<b>Secure</b>	<b>Secure Plus</b>	<b>Level of progress being made currently?</b>
Physical Development: Moving and Handling							
Physical Development: Health and Self Care							

Literacy: Reading							
Literacy: Writing							
Maths: Numbers							
Maths: Shapes, Space and Measure							

<b>For Primary School Age children</b>	<b>Beginning</b>	<b>Beginning Plus</b>	<b>Working Within</b>	<b>Working Within Plus</b>	<b>Secure</b>	<b>Secure Plus</b>	<b>Level of progress being made currently?</b>
Reading							
Writing							
Spelling							
Maths							

<b>For Secondary School Age children</b>	<b>Grade achieving</b>	<b>Target Grade</b>	<b>Attitude to Learning</b>	<b>Level of progress being made currently?</b>
English				
Maths				
Science				
P.E				
Other Subjects:				

<b>Area of occupational need</b>	<p><b>What difficulties is the child experiencing?</b></p> <ul style="list-style-type: none"> <li>- <b>What support do they currently have to complete a task?</b></li> <li>- <b>What is the specific difficulty?</b></li> <li>- <b>How could an Occupational Therapist help the child?</b></li> <li>- <b>Please list any strategies/interventions already trialed</b></li> </ul>
<b>Self-care</b> Level of participation in washing, dressing, eating, drinking, toileting, sleeping	
<b>Productivity – e.g.</b> school/nursery, playing, mark making, handwriting, holding objects, organisation, attention, daily routine	

<p><b>Leisure</b> Does your child engage in any extra-curricular activity?</p> <p>What does your child like to do in their spare time?</p>	
<p><b>What are the main concerns you hope OT can help with?</b></p>	
<p>Parents/Carers View:</p>	
<p>Childs View:</p>	

**We will share information with other health professionals as appropriate**  
**I give consent**

- to an assessment by the Occupational Therapy Service as appropriate for my child **Yes / No**
- for my child to be seen in school/nursery even if I am unable to be present **Yes / No**
- for my child to be seen by a OT student under the supervision of a qualified OT **Yes / No**
- for information to be shared with other professionals (inc. school/local authority) **Yes / No**
- for my child to be photographed / videoed for clinical purposes **Yes / No**
- to be contacted via:
  - \* email **Yes / No**
  - \* text message **Yes / No**
  - \* voice mail messages **Yes / No**

(please ensure all contact details are correct on the front page)

Signed: ..... (Parent/guardian) Print Name:  
.....

Date:.....

When we receive a referral, we will write to you to let you know an outcome and any next steps to arrange an appointment.

A wide range of relevant resources are located on our website. [www.covkidsot.co.uk](http://www.covkidsot.co.uk).

For up to date information on Community resources please see [www.coventry.gov.uk/localoffer](http://www.coventry.gov.uk/localoffer)

**Please return this form to:** Children's Occupational Therapy Service, First Floor Paybody Building

C/O City of Coventry Health Centre  
2 Stoney Stanton Road, Coventry, CV1 4FS