

Community Paediatrics Professional Referral Form for Medical Assessment of a Neurodevelopmental Disorder

Please read before completing:

For primary school age children in mainstream schools Community Paediatrics offers a specialist diagnostic service for children with significant developmental difficulties/significant Special Educational Needs (SEND) which are likely to be life long and will have a significant impact on that child's ability to access and participate in aspects of daily living.

The children referred to us should have the greatest level of need and we would expect that other professionals will already have been involved in supporting the child and their family.

Information from parents, child and referring professional may be considered, however please make clear who is supplying the information. We recognise that the views of parents and professionals may differ and therefore it is helpful to understand whose views are being reflected.

Please refer to 'Information for Referrers' available at:

<https://www.cambscommunityservices.nhs.uk/Cambs-Community-Paediatrics/about-us/how-to-refer-to-professionals>

Children **MUST** be registered with a Cambridgeshire GP (*with the exception of the Peterborough area*).

This referral form cannot be accepted without a parent's/carer's signature.

What is the <u>primary</u> reason for this referral? (Tick ONE) ✓	
Social Communication and Interaction difficulties	
Attention and hyperactivity out of keeping with developmental level	
Medical assessment for a learning difficulty	
Challenging behaviour already supported by Early Help	
Other. Please specify:	

CHILD'S DETAILS:

Name:			Date of Birth:	
Address:				
NHS No:				
Contact Details:	Mobile:			
	Home:			
	Alternate:			
	Email:			
Please name everyone who has parental responsibility for the child:				
Do both parents live in the family home:			Yes / No	
If no can information including child's address be shared with both parents:			Yes / No	
Please provide the details of parent not living in the family home if information can be shared:				
Would an interpreter be required for an appointment?			Yes / No	
If yes please advise of language:				
GP Surgery:	Please note children must be registered with a GP in the Cambridgeshire Integrated Care System (excluding Peterborough)			
School:	Please note children in their last term of primary school will not be accepted and should be referred to Younited: https://www.cpft.nhs.uk/how-to-refer			

Referrer's Details:

Name:	
Job Title:	
Tel:	
Email:	
Address:	
Date completed:	

Referrals should be submitted by the Primary School.

Please advise why you are referring instead of school (e.g home schooled)

Please outline the concerns:

Consider the following: Communication Skills, Interaction with Peers, Attention and Concentration, Behaviour, Unusual interests and routines, Sensory issues, Mental Health and Emotional Wellbeing and General Health

Who else has been involved? (Eg Family Worker / SEND including relevant contact information)

What are parents/carers hoping to get from assessment?

Please give any relevant information regarding a child's home setting, include parents and other significant family members, relevant social factors which may have some impact on a child's presentation. Include details of separation, bereavement, parental mental health, drug or alcohol issues etc.

Is the child and/or family involved with, or previously been known to, Social Care?	Yes / No
If yes please provide the details of their Social Worker:	
Name:	
Tel:	
Email:	
Are they currently on a Child Protection Plan:	Yes / No

Has the child had a private assessment / assessment from a previous area for a neurodevelopmental disorder?	Yes / No
If yes please provide the details below and attach the report:	
<p><i>We understand some families may seek a private diagnoses.</i> <i>We ask that reports are shared with our service to outline the best pathway and support for the child.</i></p>	

Has the child or another child in the family had an appointment with Cambs Community Paediatrics	Yes / No
If yes please provide the clinicians name:	

Please add any other relevant information which you feel is important for us to know when considering this child:

PARENTAL CONSENT

Digital Communication			
Cambridgeshire Community Services (CCS) NHS Trust would like to send text (SMS) messages for appointment reminders and to share useful health information. I agree to receive text (SMS) messages Please confirm your mobile number: _____			Yes / No
We may offer appointments using video calling. I agree to having video call appointments			Yes / No
We would like to send your letters or reports by email, which could include personal, sensitive data. You may receive a verification email which you <u>must act on</u> as confirmation that we have the right details. We cannot email you any information without this verification. I agree to receive emails which could include personal information: Please confirm your email address: _____ Once any information has left our secure NHS email accounts, the security of the information is your responsibility.			Yes / No
What is your preferred method of communication? (Tick one) ✓			
Link by SMS		Attachment by Email	
Link by Email		Copy by Post	
Sharing information			
Are you happy for us to share your child's record with other health services who are involved with your child's care?			Yes / No
Are you happy for us to have access to the records held by other health services involved in your child's care?			Yes / No
Are you happy for us to share information with education and the local authority i.e School / SEND?			Yes / No
If required, are you happy for us to share information with Social Care?			Yes / No
An onward referral may be made after your appointment please check the below:			
Do you consent to your/your child's shared care record (used by other organisations using the SystmOne electronic patient record system such as your GP) being accessed by YOUNited/ CPFT? (Simplified: Are you happy for us to be able to access your child's health record?)			Yes / No

Do you consent to us (YOUNited/CPFT) adding information relating to your/your child's care to their SystmOne shared care record which may be viewed by other NHS professionals such as your/their GP? (Simplified: Are you happy for us to share your child's care details with their GP and other NHS professionals on their health record?)	Yes / No
CONSENT TO REFERRAL:	
Do you agree to this referral being made:	Yes / No
Does the young person agree to this referral being made:	Yes / No N/A
Please include further information on young person's response:	
<i>Please ensure all consent questions are answered above to not cause any delays.</i>	
SIGN:	
PRINT:	
RELATIONSHIP TO CHILD:	
DATE:	

Thank you for taking the time to complete this referral.
Please email this completed form with any supporting documents to
ccs.tr.communitypaediatricscambs@nhs.net.