**PAEDIATRIC OCCUPATIONAL THERAPY**

**REQUEST FOR ASSISTANCE FORM for**

**HEALTH PROFESSIONALS**

# Please complete in black ink and send to: -

Paediatric Occupational Therapy

Children’s Therapy Unit

Huntlyburn Terrace

Borders General Hospital

Melrose, TD6 9BS Telephone: 01896 826035

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| **Child’s Name:** | **Requested by/name:** |
| **D.O.B:****C.H.I.:** | **Designation:** |
| **Address:** | **Address:** |
| **Parent/Carers Names:** | **Telephone No:** |
| **Telephone No:** | **G.P.:****Health Centre:** |
| **Family Circumstances:** | **School/Nursery:****Class:** |
| **Diagnosis (confirmed/unconfirmed/presenting primary problems)** |
| **Relevant previous/present Medical History (please attach clinic letters if available)** |
| **Reason for Requests** **(For nursery/school age child please liaise with school prior to referral**) Please explain what impact the child’s difficulties have on their functional performance – i.e. how is the child’s ability to participate in their activities of daily living (self care; play; school/ learning activities) affected? |
| What strategies to manage the child’s difficulties have already been tried at home and/or school prior to OT referral being considered? |

Please ensure you have discussed this OT request with the child’s parent(s)/guardian and explained your reasons for the request. **It is not appropriate for you to indicate the level of** **involvement or therapy that will be provided.** That can only be decided once the therapist completes the assessment. The quality and relevance of the information given is important in order to process the request most effectively and to minimise waiting.

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| **Functional concerns from parent(s)/carers** |
| **Functional concerns from school** |
| **Other professionals involved** |
| **Are there any Health and safety concerns for lone workers?** |
| **Is there a child welfare/protection concern?** |
| **Any further relevant information** |

**Requested by**

**Signature:………………………………………………………………Date………………**

|  |  |  |
| --- | --- | --- |
| **(For OT use)****Date Received:** | **Acknowledged:** | **Initial Appointment:** |