

Children's Community Physiotherapy Referral Form

Our service is for children in the Shropshire and Telford area, and we aim to:

- enable children and young people to reach their full potential
- maximise function and independence
- promote normal movement
- improve quality of life

A decision to accept this referral will be made according to the nature of the impact on the child in managing activities of daily life. Referrals are accepted from health professionals. The age limit for MSK conditions is up to 16 years old, other conditions may be accepted up to 19 years if in full time education.

Part 1

Assessment completed?	
I confirm I have assessed this patient face to face Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer is no, this referral cannot be accepted as it is then classed as a self-referral by parents which we are unable to accept	

Part 2

Child or young person being referred			
Surname:		First Name(s):	
Date of Birth:	NHS Number:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Resident address and postcode:			
GP Surgery and address:			
Nursery/School:			
First Language:		Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which language?	

Details of parent/carer(s)	
Name(s):	Relationship to child:
Parent/carer(s) address (if different to child):	
Tel No:	Mobile no:
Email address:	
Name of Parent/carer(s) with parental responsibility:	
OTHER Parent/carer name and address (if different from child):	
Tel No:	Mobile no:
Email address:	

Informed	
<p>a. Under the General Data Protection Regulation (GDPR) we are required to inform our patients and service users of how their information will be used. We have done this through a Privacy Notice which is available on the Shropshire Community Health Trust Website: https://www.shropscommunityhealth.nhs.uk/.</p> <p>I _____ (parents/carers full name) agree that my child, identified above, can be referred to the Children's Community Physiotherapy Team. I have been made aware of the Shropshire Community Trust Privacy notice.</p> <p>b. I (parents/carers) agree to receiving correspondence / documents by email.</p> <p>Preferred email address: _____</p> <p>Parents/Carers signature _____ Date _____</p>	

Referrer details	
Name:	Designation:
Dept/Organisation:	Email:
Tel no:	Mobile no:
Address:	
Signed (electronic is acceptable):	Date:

Safeguarding		
Who has Parental Responsibility: Mother? Yes <input type="checkbox"/> No <input type="checkbox"/> Father? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the child under the care of the local authority? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Social Worker Name:		
Social Worker Contact Number:	Social Worker Email:	
Special Guardianship Order? Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes please detail:		
Has the person with legal responsibility consented to this Physiotherapy referral? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If consent has not been obtained this referral cannot be accepted		
Early Help? Yes <input type="checkbox"/> No <input type="checkbox"/>	Child In Need? Yes <input type="checkbox"/> No <input type="checkbox"/>	Child Protection Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any concerns or potential risks please detail:		
Initial appointments are usually held in the clinic setting. If there is any reason why this might be difficult, please detail:		

Part 3

Reason For Referral - please provide details of the difficulties the child is experiencing and the severity of the issue

How is this issue affecting their everyday activities e.g. school attendance, leisure activities?
What are your expectations following Physiotherapy treatment?
Past medical history – please include any diagnosis, investigations, and learning, behavioural, and communication issues which may inform our assessment.
Restrictions to Physiotherapy management e.g. weightbearing status– include any precautions and contraindications if applicable
What interventions have been tried already? – include any advice, activities, and leaflets given

Part 4

Assessment form attached?
Please attach any further information you feel will support this referral e.g. clinic letter/assessment form Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Part 5 – Guidelines for some common conditions (further information on our website)

Condition	Comments	Tick if applicable
Moulding deformities		
Head turning preference or head tilt / torticollis or plagiocephaly	Please refer ASAP Please also provide parent with this leaflet: APCP Head Turning and Plagiocephaly	<input type="checkbox"/>
Positional talipes	Refer to Paediatric Orthopaedics if there has been no improvement by the age of 3 months or if you cannot	<input type="checkbox"/>

	change the position with your hands (i.e. the foot position is fixed).	
Premature birth		
Born at any gestation	Refer if any abnormal movements patterns or a grade 2 or 3 bleed has been noted on a head scan. Refer if not following developmental guidelines as below for corrected age. Please give parents this leaflet: APCP Awake Time Ideas	<input type="checkbox"/>
Gait anomalies		
In-toeing	No referral required. It is a normal variant, and at its most severe between 4 to 7 years of age. It usually resolves spontaneously. Refer to Paediatric Orthopaedics if the child is over 8 years old and has pain, significant tripping over or significant deformity causing psychological distress. Please give parents this leaflet APCP Intoeing Gait	<input type="checkbox"/>
Out-toeing	In early infancy out-toeing is normal and usually resolves by 18 to 24 months of age. Refer to Paediatric Orthopaedics if significant asymmetry, pain, limp, breech delivery, family history of DDH, Refer for urgent x-ray to rule out SCFE in 8- to 18-year-olds if new onset of out-toeing, knee, groin or thigh pain, internal hip rotation limited or painful, limping, asymmetry.	<input type="checkbox"/>
Toe walking	Refer if walking was initially normal, unable to put heels on ground, asymmetry, delayed milestones, difficulty getting up from the floor, or unable to walk up stairs reciprocally over aged 4 years Please also provide parents with this leaflet APCP Choosing Footwear for Children – hard backed boots are best to discourage toe walking	<input type="checkbox"/>
Flat feet	If under 6 years only refer only if there is pain, limp, or tightness of achilles tendon. Refer to Paediatric Orthopaedics if the foot is stiff and cannot be corrected by hand or if the arch of foot is not corrected on tiptoe in over 5's. Over 6 years old refer to Podiatry Children's Gait Clinic if insole assessment is wanted. Exercises do not help arch formation. APCP Flat feet APCP Choosing Footwear for Children	<input type="checkbox"/>

Developmental delay (ensure corrected for gestational age)		
0 – 6 months	Refer if persistent head lag, not lifting head in prone, or not bringing head and hands to midline at 4 months. Refer if shows a hand preference before 18 months.	<input type="checkbox"/> <input type="checkbox"/>
6 – 12 months	Refer if not rolling or sitting independently at 9 months – please give parents these two leaflets: APCP Lying to Sitting APCP Babywalkers Refer if shows a hand preference before 18 months.	<input type="checkbox"/> <input type="checkbox"/>
12 – 18 months	Refer if not independently getting into and out of a sitting position by 12 months.	<input type="checkbox"/> <input type="checkbox"/>

	Refer if not pulling to stand or not crawling <i>or</i> bottom shuffling at 12 months. Refer if crawling but not walking at 18 months. Refer if shows a hand preference before 18 months.	<input type="checkbox"/>
18 months - 2 years	Refer <u>bottom shufflers</u> if not walking at 24 months. Before 24 months please give parents this leaflet: APCP Bottom Shuffling . Refer if walking with asymmetrical gait or limp.	<input type="checkbox"/> <input type="checkbox"/>
2 years plus	Refer if not walking up or down stairs (can hold on) or not running or not squatting by 26 months. Refer if not jumping by 30 months.	<input type="checkbox"/> <input type="checkbox"/>

Other conditions		
Hypermobility	Refer only if significant pain or impact on function. Please also provide parents with this leaflet: APCP Symptomatic Hypermobility APCP Hypermobility Spectrum Disorder	<input type="checkbox"/>
Chronic pain, Chronic fatigue	Please note we are unable to accept referrals for these conditions. Please consider referral to a specialist MDT.	<input type="checkbox"/>

Please complete all sections of the referral form, incomplete referrals may not be accepted.

Please email the completed referral to: shropcom.childtherapyreferrals@nhs.net

If you would like to discuss a potential referral or have any questions,
please call us on 01952 567300 or 01743 450800.

Collecting information about your ethnic group

In order to help the NHS understand the needs of patients and service users from different groups and to comply with the Race Relations (Amendment) Act 2000, we need to collect information about your child's ethnic group. This information will be treated confidentially and will not be shared with any other organisation.

Everyone belongs to an ethnic group. By collecting this information, the NHS will be able to identify those groups more at risk of specific diseases and their care needs and so provide better, and more appropriate services for you and your family.

The attached list of 16 ethnic groups are the standard categories. Using these codes will help us to compare information about the groups using our services and assist us in providing for our local population.

It is important that where possible your child is able to describe their own ethnic group. If this is not possible, then parents/carers should enter this information on behalf of their child.

Thank you for taking the time to provide this useful information.

Ethnicity: (please tick below)	
<input type="checkbox"/> White - British	<input type="checkbox"/> Asian or Asian British - Indian
<input type="checkbox"/> White - Irish	<input type="checkbox"/> Asian or Asian British - Pakistani
<input type="checkbox"/> White - Any other white background	<input type="checkbox"/> Asian or Asian British - Bangladeshi
<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Asian or Asian British – Any other Asian background
<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> Black or Black British - Caribbean
<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Black or Black British - African
<input type="checkbox"/> Mixed – Any other mixed background	<input type="checkbox"/> Black or Black British – Any other Black background
<input type="checkbox"/> Other ethnic groups - Chinese	<input type="checkbox"/> Patient declined to state

<input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> Not known
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