

Medical Referral Form

To be completed by:

- * a member of the Community Paediatrician Team
- * Hospital Consultant
- * Clinical Psychologist
- * Consultant Child & Adolescent Psychiatrist
- * CAMHS Senior Practitioner
- * GP - with a referral to one of the above

The information you provide will inform the Medical Referral Panel whether or not this is an appropriate referral. Please complete ALL sections as comprehensively as possible.

I have parental permission to share the following information and I am aware that this information may be shared with other professionals working in education, health or social care: Yes No

Has the child's school has been contacted? Yes No

Section 1

Referral by	<input type="text"/>		
Position	<input type="text"/>	Organisation	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

Section 2

Child's name	<input type="text"/>	DoB	<input type="text"/>	Gender	<input type="text"/>
School	<input type="text"/>			Year Group	<input type="text"/>
Parent's name	<input type="text"/>	Email	<input type="text"/>		
Address	<input type="text"/>				
Telephone	<input type="text"/>	Email	<input type="text"/>		

Section 3

GP	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>

Section 4

Are there safeguarding concerns? Yes No If Yes, please comment here:

Section 5

Medical diagnosis	<input type="text"/>		
Child's name	<input type="text"/>	DoB	<input type="text"/>

Is there an IHCP? Yes, attached Yes, to follow No

How does the medical condition impact on the child's ability to access education? (eg energy levels, concentration, engagement etc)

What on-going support or action is your healthcare team providing, prescribing or putting in place for this child?

Please list all people / agencies that have been involved to date:

Please add suggestions for strategies to aid reintegration into mainstream school:

Next medical assessment due date:

Termly review meetings will be held. Please provide a name and contact details for a medical update:

Has medical advice on managing the medical condition been given to the parent? Yes, attached Yes, to follow No

Section 6

Completed by Position

Signed Date