The Children's Trust
For children with brain injury

Tadworth Court, Tadworth
Surrey KT20 5RU

T | +44 (0)1737 365 000
E | enquiries@thechildrenstrust.org.uk

thechildrenstrust.org.uk

Inspected and rated Outstanding
CareQuality Commission

The Children's Trust Referral Form

Please attach the child's latest medical and therapy reports to this referral form

Patient Information		
Childs name: Known as:		Child's NHS no:
Date of birth:	Age:	Sex: Male / Female (Please delete)
Home address:		CCG: Has CCG been notified of referral: Yes / No If not please notify CCG and enter date notified:
Home telephone no:		
Parent's name: Relationship:		Parent's name: Relationship:
Parent's address:		Parent's address:
Parent's telephone number. (m) (h)		Parent's telephone number: (m) (h)
Child's first language:		Ethnic origin:
Parent's first language:		Nationality:
Interpreter required: Yes/No		Religion:
Sibling's names:	Age:	Relationship to child:
Name of GP:		GP address:
Social Worker name and contact details:		Social/safeguarding concerns (please specify):

Referral Information	
Service type: Rehabilitation Short Breaks Brain Injury Community Team (Please delete) LTV step down Other, please state:	
Name of Referrer:	Designation:
Contact no:	Email:
Date of referral:	Date of injury:
Child's current placement: please delete Home Hospital	If in hospital please state Hospital: Ward:

Reason for referral:		
Summary of current medical condition:		
Current medication:		
Lead consultant:		
Email:	Telephone number:	
Previous medical history, pre-morbid developmental history:		
Visual assessment required: Yes/No	MRSA/Infection status: Yes/No	
Allergies:		
Current rehabilitation goals:		
Community Nursing Team:	Telephone number:	Email:
Physiotherapist:	Telephone number:	Email:
Occupational Therapist:	Telephone number:	Email:
Speech and Language Therapist:	Telephone number:	Email:
Psychologist:	Telephone no:	Email:
Family's understanding and expectations of the child's placement and current discharge plans:		
School/nursery:	Current school year:	
School/nursery address and contact details:		
Has school been contacted? Yes / No If so please provide details of contact:		
Any known special educational needs? Please specify:		
Does the child have an EHCP or SEN?		

Clinical In formation		
Please complete:	**Please delete:**	**Further information if relevant:**
Independently mobile	Yes /No	
Hoisted for all transfers	Yes /No	
Tracheostomy	Yes /No	
Ventilated	Yes /No	
Medically stable	Yes /No	
Orally fed	Yes /No	
Effective means of communication	Yes /No	
1:1 supervision	Yes /No	
Behavioural concerns	Yes /No	
Emotional wellbeing/mental health concerns	Yes /No	
Self-harm concerns	Yes /No	
Previous or current CAMHS involvement	Yes /No	

Data Protection

The Children's Trust takes your and your child's right to data privacy seriously and is committed to keeping your and your child's personal information safe. For full details, please see our privacy policy https://www.thechildrenstrust.org.uk/privacypolicy

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Permission to Assessment & Sharing Information

Child/Young Person's name: …….

Permission to assessment

Following the referral of your child to The Children's Trust, healthcare professionals from the inter-professional team wish to carry out an assessment of their needs.

At times the Team at The Children's Trust will need to request further information from, and give information to, other professionals external to The Children's Trust, who have previously been, or may in the future be, involved in your child's care.

Permission to share information

I am a young person over 16 years ☐

I am the parent/person with parental responsibility for the child named above: ☐

- I give my permission to the assessment
- I give my permission to the sharing of information about my child's needs and circumstances, between health professionals within The Children's Trust team and externally where required; and informing local social services if my child is resident continuously for three months or more.

Signed: …… **Date: ……**

Print Name: ……

Legal status: Parent / Person with Parental Responsibility (**please delete as appropriate**)

Relationship to child referred: ……

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