**SOCIAL CARE CHILDREN’S OCCUPATIONAL THERAPY (OT) REFERRAL FORM**

**Please return completed referral to:** [**child-occupational-therapy@royalgreenwich.gov.uk**](mailto:child-occupational-therapy@royalgreenwich.gov.uk)  
Please complete all the boxes. If there is insufficient space, please continue on a separate sheet.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD / YOUNG PERSON’S DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | | | | | |
| **DOB:** | |  | | | | | | | | | | | | | | | | | | | |
| **Home Address:** | |  | | | | | | | | | | | | | | | | | | | |
| **GP Details:** | |  | | | | | | | | | | | | | | | | | | | |
| **School / Education:** | |  | | | | | | | | | | | | | | | | | | | |
| **PARENT / GUARDIAN / CARER’S DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Name/s:** | |  | | | | | | | | | | | | | | | | | | | |
| **Contact Details:** | |  | | | | | | | | | | | | | | | | | | | |
| **Relationship to Child:** | |  | | | | | | | | | | | | | | | | | | | |
| **Preferred Language:** | |  | | | | | | | | | | | **Interpreter required:** | | | | | | | **Yes / No** | |
| **People living in the property:** | |  | | | | | | | | | | | | | | | | | | | |
| **Additional needs in the family:** | |  | | | | | | | | | | | | | | | | | | | |
| **CHILD’S MEDICAL CONDITION / NEEDS** | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosis / Conditions:** | | | | | | | | | | | | | | | | | | | | | |
| **Height:** |  | | | **Weight:** | | |  | | | | | | | | | | | | | | |
| **REASON FOR REFERRAL** | | | | | | | | | | | | | | | | | | | | | |
| **Please list the specific difficulties / areas of concern that you would like Social Care OT support with:** | | | | | | | | | | | | | | | | | | | | | |
| **HOME ENVIRONMENT** | | | | | | | | | | | | | | | | | | | | | |
| **Type of Property:**  (please indicate) | | | **Flat** | | | **Maisonette** | | | | | **House** | | | | **Bungalow** | | | | **Other** | | |
|  | | | **If flat, what level of flat:** | | | | | | |  | | | | | **Is there a lift?** | | | | | **Yes / No** | |
|  | | | **If Other, please describe:** | | | | | | |  | | | | | | | | | | | |
| **Ownership of Property:** | | | **Owner**  **Occupied** | | | | | **Greenwich**  **Council** | | | | | | **Housing Association** | | | | **Privately**  **Rented** | | | |
|  | | | **Name of Housing Association:** | | | | | | | | | | |  | | | | | | | |
| **Access to Property:** | | | **Level access** | | | | | **Steps – How many?** | | | | | | **Ramped** | | | | **Steplift** | | | |
| **Rooms in Property:**  (e.g. Downstairs: living room, toilet; Upstairs: 3 x bedrooms, bathroom) | | | **Downstairs Rooms:** | | | | | | | | | | | | | | | | | | |
| **Upstairs Rooms:** | | | | | | | | | | | | | | | | | | |
| **Date Moved into Property:** | | |  | | | | | | **Mutual Exchange?** | | | **Yes / No** | | | | | **Housing OT Involved?** | | | | **Yes / No** |
| **Existing Adaptations in the Property:** | | | **Level Access Shower** | | | | | | | **Ramp/s** | | | | | | **Through Floor Lift** | | | | | |
| **Other:** | |  | | | | | | | | | | | | | | | | |
| **Existing Equipment in the Property:**  (e.g. shower chair, hoists, slings, profiling bed, wheelchair) | | |  | | | | | | | | | | | | | | | | | | |
| **Previous OT Involvement:** | | |  | | | | | | | | | | | | | | | | | | |
| **Other Professionals**  **Involved:** | | |  | | | | | | | | | | | | | | | | | | |
| **REFERRER’S DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | | | | | | | | |
| **Designation / Role:** | | |  | | | | | | | | | | | | | | | | | | |
| **Contact Details:** | | |  | | | | | | | | | | | | | | | | | | |
| **Date of Referral:** | | |  | | | | | | | | | | | | | | | | | | |