

Appendix 1 – Initial Conversation RFA Form



CHILDREN AND YOUNG PEOPLES OCCUPATIONAL THERAPY SERVICE Initial Conversation - Request for Assistance

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|-----------------------------|--|
| Child/ Young Person's Name: | |
| Date of Birth/ Chi: | |
| School: | |

Introduction, explaining role of occupational therapist.

- 1. What are the main functional concerns which have brought you to contact the service today?**
- 2. What things have you, or those closest to the child/ young person already tried to help address these concerns? Are there strategies which have been helpful or some not so?**
- 3. Are there any other services which have been or are currently involved with your child/ young person? What is their current input?**

NB ensure OT clarify/ reiterate the outcome i.e. signposting, advice & strategies or individualised input.

Outcome of Triage

Reassurance ☐ Signposting ☐
Advice ☐ Individualised Assessment
Reasons: -

Additional Discussion: -

Verbal Consent to Send Questionnaire to School at Appt time:

Yes No ☐

Name of Person Requesting Assistance:
Therapist Completing Triage:
Date:

**Please Complete Patient Information Front Sheet only if Request accepted for
waiting list
Upload to EMIS when completed**