

CHILDREN & YOUNG PEOPLES OCCUPATIONAL THERAPY REQUEST FOR ASSISTANCE - Professionals



C&YP Occupational Therapy
AHP Admin Office
Ground Floor –Pink Zone
Borders General Hospital
Melrose, TD6 9BS

or as an EMIS Task to Paediatric OT

Child's Name:	Requested by/name:
D.O.B: C.H.I.:	Designation:
Address:	Address:
Parent/Carers Names:	Telephone No: Email address:
Telephone No:	G.P.:
Email Address:	Health Centre:
Family Circumstances:	School/Nursery: Class:
Diagnosis (confirmed/unconfirmed/presenting primary problems) 	
Relevant previous/present Medical History (please attach clinic letters if available) 	
Reason for Request & Current Areas of Concern (For nursery/school age child please liaise with school prior to referral) Please explain what impact the child's difficulties have on their functional performance – i.e. how is the child's ability to participate in their activities of daily living (self care; play; school/ learning activities) affected?	

<p>What strategies to manage the child's difficulties have already been tried at home and/or school prior to OT request being considered?</p>
<p>What is the desired outcome from the request?</p>

Please ensure you have discussed this request with the child (as appropriate) and/ or parent(s)/guardian and gained their consent.

It is not appropriate for you to indicate the level of involvement or therapy that will be provided. That can only be decided once the therapist completes the assessment. The quality and relevance of the information given is important in order to process the request most effectively and to minimise waiting.

Functional concerns from parent(s)/carers
Functional concerns from school
Other professionals involved
Are there any Health and safety concerns for lone workers?
Is there a child welfare/protection concern?
Any further relevant information

Requested by

Signature:.....**Date:**.....