

**FYLDE COAST CHILDRENS AND YOUNG PEOPLES COMMUNITY  
SERVICES SINGLE POINT OF ACCESS - REFERRAL FORM**

Please complete this form (or send a Paediatrician’s detailed clinic letter) and use the form on the website to return to the service, or email to [bfwh.admin.paediatrictherapy@nhs.net](mailto:bfwh.admin.paediatrictherapy@nhs.net)

**Please identify if this is an urgent referral within the subject line of the email, and mark as high importance.**

**All sections marked with \* are mandatory**

**Child/Young Person`s Details:**

<b>Surname*</b>		<b>School/Nursery setting*</b>	
<b>Forename*</b>		<b>Language speaks/Understands*</b>	
<b>Date of Birth*</b>		<b>NHS Number</b>	
<b>Address*</b>		<b>Year Group*</b>	
		<b>Health Visitor /School Nurse</b>	
<b>Post code*</b>		<b>Child Looked After by the Local Authority - Yes/No</b>	
<b>Parent/Carer Name*</b>		<b>Parent/Carer Name</b>	
<b>Relationship*</b>		<b>Relationship</b>	
<b>Address (if different from above)*</b>		<b>Address (if different from above)</b>	

<b>Language Speaks/Understands*</b>		<b>Language Speaks/Understands</b>	
<b>Is an interpreter required?*</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If so for which language?</b>	
<b>Mobile Number (of each parent )*</b>			
<b>Telephone Number*</b>			
<b>Email Address</b>			

<b>Gender</b>	
<b>Ethnicity</b>	
<b>Nationality</b>	
<b>Religion</b>	

**GP**

Name:

Address:

GP Email Address:

Telephone Number:

Fax Number :

**RISKS**

Are there any known risks to visiting this family or home:

YES                       NO

If Yes Please give details:

**Services**

Please tick/highlight all the services you are requesting\*

- Children’s Speech and Language Therapy
- Children’s Dysphagia Service  (please use separate referral form for eating and drinking)
- Other (please state)  \_\_\_\_\_

NB: For Child Development Medical Services – please complete Blenheim Referral form and send by email or request a referral form to – [BlenheimHouse.CDC@bfwhospitals.nhs.uk](mailto:BlenheimHouse.CDC@bfwhospitals.nhs.uk)

**Referrals for the following service are accepted from medical practitioners only:**

- PICS- Paediatric Community Nurse
  - Children’s Physiotherapy
  - Children’s Occupational Therapy
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**Diagnosis and reason for referral\*:**

*For speech and language therapy referrals: please tick which areas of development you are concerned about and provide a brief summary.*

*Attention and listening  Understanding language  Expressive language  Speech sounds  Social interaction and play  Stammering  Voice difficulties*

**Child skills/milestones:**

*Please describe how the child is currently developing in relation to the identified areas of concern.*

**Health/Medical Information:**

**History:**

*E.g., family history in relation to concerns, any other relevant back ground information.*

**Current Medications:**

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**What Advice/Treatment/Therapy/Support has already been put in place and tried:**

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**What other professionals/Services are involved (include name and contact details):**

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**Health Needs/ Expected Outcomes:**

*What are you hoping this referral will achieve/goals of child/family:*

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<b>Name *</b>		<b>Organisation*</b>	
<b>Job Title*</b>		<b>Service*</b>	
<b>Qualifications*</b>		<b>Address*</b>	
<b>Contact Number*</b>		<b>Email*</b>	

**CONSENT**

Please tick/highlight this box to confirm that you have:

Discussed and agreed the contents of this referral with Parent/Person with Parental Responsibility \*\*

Gained verbal and/or written consent to the referral \*\*

Gained verbal and/or written consent to sharing of information with relevant professionals.

Gained consent for copies of appointment letters to be sent to:  
Nursery/School  Health Visitor  Other \_\_\_\_\_

**\*\*Please note this Referral will not be accepted if this consent has not been given**

Date .....

Please email the completed form to: [bfwh.admin.paediatrictherapy@nhs.net](mailto:bfwh.admin.paediatrictherapy@nhs.net)

Or send by post to:

St Annes Primary Care Centre, Durham Avenue, Lytham St Annes. FY8 2EP

Telephone Number: 01253 951101 Opening Times (9:00-12:00 - 1:00-3:00)

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