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| ***Paediatric Physiotherapy*** | | | | | |
| **SEND REFERRALS TO: Single Point of Access – Fax: 0207 019 7414 OR e-mail:** [**spoa.fax@nhs.net**](mailto:spoa.fax@nhs.net) | | | | | | |
| Date |  | | Urgency | |  | |
|  | | | | | | |
| **PATIENT DETAILS** | | | | | | |
| **Name** |  | | **DOB (Age)** | |  | |
| **Address** |  | | **Sex** | |  | |
| **NHS No**. | |  | |
| **Telephone**  **Home**  **Mobile** | |  | |
| **GP / Practice** |  | | **Consultant / Hospital** | |  | |
| **Interpreter required** | Yes No (please circle) | | **Language spoken** | |  | |
|  | | | | | | |
| **REFERRER’S Details: \*\*Referrals from Consultants at Fairfield must be sent direct to Physio at FGH not via Single Point\*\*** | | | | | | |
| **Name and Designation:** |  | | **Team:** | |  | |
| **Contact No:** |  | | **Address:** | |  | |
|  | | | | | | |
| **CLINICAL DETAILS** | | | | | | |
| **Reason for referral** | |  | | **Op notes (if appropriate)**  **Copy attached to referral** | **Required**  Yes No (please circle) | |
| **Birth history, Drug history and Relevant PMH: (Transfer of care required. Or copy of patient discharge summary)** | |  | | **Summary of treatment to date** |  | |
| **Social History** | |  | | **Safeguarding** | Parental responsibility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Looked after child YES / NO  Social worker YES / NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CP plan YES / NO  TAC YES / NO | |
| **REASONS FOR REFERRAL REJECTION:-** See criteria attached.  **PLEASE NOTE WE DO NOT ACCEPT REFERRALS FOR:-**   * **Positional Talipes - Bilateral Intoeing** * **Non-symptomatic hypermobility - Valgus and varus knee deformities** * **Flat feet - Plagiocephaly not associated with a torticollis** * **Falls in children 3 years and under unless a neurological disorder is suspected** * **Children with Osgood Schlatters should be given the exercise sheet provided as a resource before sending to Physiotherapy (if no improvement after 8 weeks refer into Physiotherapy)**   Please refer to the following resources regarding normal variants /development and self-limiting conditions before referring:- PMMonline.org/doctor pathways.org | | | | | | |
| **Other agencies involved, eg DN, OT, HV** | |  | | | | |
| **All sections above must be filled in or referral will be returned to the referrer.** | | | | | | |

**PAEDIATRIC PHYSIOTHERAPY REFERRAL CRITERIA**

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| **Children and Young People will be accepted onto our waiting list if they are:-** |
| * **Aged 0 – 16 (31st August after their 16th birthday or until 19 if they attend Elmsbank Special School** |
| * **Have a Bury GP** |
| * **Referred by Bury GP’s, Tertiary Consultants, other Pennine Care Health Professionals and Physiotherapists from other Trusts. Referrals from Pennine Acute Consultants will only be accepted from a school medical at Elmsbank or Millwood Special Schools** |

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| **Clinical referral criteria for neuro disability:-** |
| * **Neurological impairment e.g. Cerebral Palsy or Neuromuscular condition** |
| * **An identified problem with their gross motor skills, either in quality of movement or ability to carry out gross motor skills that will benefit from Physiotherapy intervention** |
| * **Gait disorder** |
| * **Post orthopaedic or neurosurgical intervention for neuro disability** |
| * **Delay in Gross motor skills development** |
| * **Difficulties with balance, co-ordination or gait** * **e.g. intoeing when unilateral, associated with developmental delay** * **e.g. toe walking – with underlying causes such as neurological or developmental issues** |
| * **Are on the Neonatal follow-up pathway** |

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| **Clinical referral criteria for MSK:-** |
| * **Pain related to a musculoskeletal disorder** |
| * **A gait disorder that is outside of normal variants and is affecting function** |
| * **A reduction in muscle strength and/or range of movement**   **e.g. muscular torticollis** |
| * **Brachial plexus injury** |
| * **Symptomatic hypermobility with description of pain** |
| * **Toe-walking - If the child is unable to squat or stand with their heels on the floor (tightness of calf muscles)** |

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| **How to access the service**   * **All referrals must be made through Single Point Of Access (SPOA)**   **by fax – 0207 019 7414 or e-mail - spoa.fax@nhs.net** |