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| ***Paediatric Physiotherapy***  |
|  **SEND REFERRALS TO: Single Point of Access – Fax: 0207 019 7414 OR e-mail:** **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** |  |
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| **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:** |  |
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| **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 / NOSocial worker YES / NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CP plan YES / NOTAC 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**
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| * **Have a Bury GP**
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| * **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**
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| * **Gait disorder**
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| * **Post orthopaedic or neurosurgical intervention for neuro disability**
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| * **Delay in Gross motor skills development**
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| * **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**
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| * **Are on the Neonatal follow-up pathway**
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| **Clinical referral criteria for MSK:-** |
| * **Pain related to a musculoskeletal disorder**
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| * **A gait disorder that is outside of normal variants and is affecting function**
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| * **A reduction in muscle strength and/or range of movement**

**e.g. muscular torticollis**  |
| * **Brachial plexus injury**
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| * **Symptomatic hypermobility with description of pain**
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| * **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** |