

CHILDREN OVER 4 YEARS COMPLEX CASE REFERRAL FORM

(If a Child only needs a single health agency then use that agency professional referral form)

Child's name _____ Male / Female _____ D.O.B _____

Address _____

Postcode _____ NHS Number _____ GP Name _____

Child's Ethnicity _____ Is this child on a care pathway? Yes / No / Unknown

School _____

Parent / Guardian full name _____ Tel: _____ Mob _____

Does this Parent / Carer have any disabilities that we need to consider for appointments?

Main language spoken in the home _____ Interpreter needed Yes / No

Please list the names and details of all children and adults who are currently residing with this child:

Surname	First Name	DOB	Relationship to child

Please list all other professionals already involved with this child.

Professional	Name	Phone number	Base

Referrers Printed Name: _____ Profession: _____

Base: _____ Contact No: _____ Date: _____

PARENTAL / CARER CONSENT FOR REFERRAL TO COMPLEX CASE PANEL

Signed consent is ideal, verbal consent is acceptable

- I had the reasons for the referral explained and I am happy for my child to be considered for assessment
- I understand that information gathering and sharing is beneficial for my child and that information recorded about my child and family may be shared with other agencies and used for the purpose of providing services for my child.
- I understand that this referral will be discussed at a meeting of Professionals in order for them to work together to provide the support that is best suited to my child's needs.
- I am aware that I may limit the information shared and that I may withdraw my consent at any time. I do not want the information to be shared with
- I understand that I am expected to attend appointments and to carry out recommendations at home as advised by the clinicians.
- I am aware that if another adult brings my child to sessions they will receive all information about my child unless I inform the services otherwise
- I confirm that I understand if this referral is accepted I will be offered a choice of appointment times
- I understand that if my child's needs are not best met via the Complex Case Panel this form will be returned to the referrer for them to provide future support.

Signature: _____ **Date:** _____

Print name: _____ **Relationship to child:** _____

Verbal consent obtained from: _____ **Relationship to child:** _____

- I have included two evaluated IBPs for any referrals that relate to behavioural issues

What do Parents / Carers wish to happen as a result of this referral?			
Does this child have a Statement of SEN? Please circle one: Yes No Unknown			
What is this child's general learning ability? Please circle one			
Above average	Average	Below average	
Does this child have a CAF / Family Support Plan? Circle Yes No Unknown			
If Yes please attach			

Please complete ALL questions for EVERY section
(This allows us to involve the appropriate professional at the outset)

SOCIAL INTERACTION, COMMUNICATION and DEVELOPMENT

Tick yes / no / unknown

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Child appears to be losing skills at any age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Child has a diagnosed syndrome | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Child at 4 years or above has limited imaginative play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Child at 4 years or above has difficulty interacting with peers and joining in games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Child at 4 years or above is often confused when given whole class or individual instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Child at 5.0 years or above has unusual body language e.g. eye contact patterns, gesture Intonation, facial expression. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Child at 5.0 years or above has difficulty following and demonstrating understanding of stories read aloud | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Child at 6.0 years or above has difficulty taking turns and maintaining conversation on a range of topics e.g very repetitive, frequent monologues or regularly introduces random topics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Child at 6.0 years or above has difficulty giving logical explanations and / or telling logical, coherent stories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Child at 8 years of age has significant difficulty understanding humour, irony and sarcasm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Child in High School has difficulty understanding social rules, making and maintaining friendships and finds it difficult to locate the cause of his social breakdown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SENSORY ISSUES

Tick yes / no / unknown

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 12. Child appears to have inappropriate reactions / behaviour to sensory input including seeking or avoiding sensations such as noise, touch, lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Child has an excessive dislike of crowded places | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Child eats an extremely restricted range of foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REPETITIVE AND RITUALISTIC BEHAVIOURS

Tick yes / no / unknown

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 15. Child has highly restrictive and fixated interests eg lining up objects, excessive spinning of objects, special interests in usual objects eg electrical objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Child demonstrates highly repetitive habits such as turning taps on / off, hand flapping walking around the perimeter of the school yard, drawing the same picture repeatedly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Child has excessive adherence to routines, a need for sameness and poor reactions to change such as new class teacher, new school routines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Child has a high degree of need for own materials and struggles to share with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ATTENTION CONTROL / HYPERACTIVITY / IMPUSIVITY

Tick yes / no / unknown

- 19. Child has great difficulty sustaining attention in tasks or play activities
- 20. Child often does not follow through on instructions and fails to finish homework / home chores due to attention difficulties rather than defiant behaviour
- 21. Child often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
- 22. Child often loses things necessary for tasks or activities in school and home
- 23. Child is often easily distracted by extraneous stimuli and is often forgetful in daily activities
- 24. Child often fidgets with hands / feet and squirms in seat and seems to be always 'on the go'
- 25. Child often leaves seat in classroom or in other situations where remaining seated is expected
- 26. Child has great difficulty waiting turn / blurts out answers / intrudes on others conversations.

EMOTIONAL HEALTH AND WELL BEING

Tick yes / no / unknown

- 27. Child becomes very distressed with changes in daily routines
- 28. Child has unpredictable or extreme behavioural reactions
- 29. Child has tried to self harm or has talked about self harm
- 30. Child demonstrates anxiety affecting their daily functioning
- 31. Other family members are at risk of significant harm from this child

MOBILITY AND FUNCTIONAL DIFFICULTIES: Please list any issues in this box

PEN PORTRAIT: please describe the child's strengths and challenges they face. What is the impact on their daily lives at school and at home? Please include a pen portrait from Parents / Carers if they would like to contribute one

What has the referrer done to support the family up to now? What has worked well and what has not worked as well?

Any other information / concerns or observations to support your referral please add here or on a separate sheet

Return referral to: Referrals, Child Development Centre, Sandy Lane, Warrington, WA2 9HY

Phone number: 01925 867867

OFFICE USE ONLY

Date presented to Over 4s Complex Care Panel: _____

Decision: Accept / Return to referrer /Other

Action	By whom	By when
1		
2		
3		
4		
5		

Signed: _____

Actions to be reviewed by _____ on _____ date