

Appendix A – Referral Form

St. Gabriel's Children's Respite

Referral Form



Please attach a recent photograph of your child with this referral

Key Information	
Child's Name:	
Address: Please include Eircode	
Date of Birth:	Gender:
Nationality:	Religion:
First Language:	Medical Card Number:
Are there any Child Safeguarding concerns or contact with Tusla with this child and family?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
Parents/Legal Guardians	
Name:	Name:
Relationship: Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship: Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>

Address: If different to above*	Address: If different to above*
Relevant Contact Information: Phone number, email address	Relevant Contact Information: Phone number, email address

Please provide contact details in the case of an emergency in the event that parents/guardians cannot be contacted
Name:
Relationship to Child:
Address:
Telephone Number:
Email/Other:
Referrers Details
Name:
Relationship to Child:
Address:
Telephone Number:
Email/Other:

Referrer's Signature:	Date:
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Parent/Guardian Consent

Parent/Guardian permission is required to make a referral to St. Gabriel's Children's Respite House:

By signing below, you consent to the following:

- That health related information regarding the child being referred, may be shared with, and given to St. Gabriel's Children's Respite Service.
- That St. Gabriel's may seek additional health related information and reports regarding the child being referred, from relevant health care professionals.
- That St. Gabriel's may share health related information with relevant health care professionals.
- That St. Gabriel's may retain health related information regarding the child being referred, in line with National Hospitals Office (NHO) Code of Practice for Healthcare Records Management, 2007.

I / We give permission for a referral for _____ to be made to St. Gabriel's Children's Respite Service.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Healthcare Professional Details

Paediatrician Details

Name:

Address whereby the child routinely attends his/her paediatric service :

Telephone Number:

Email Address & Fax Number:

Any other Consultants routinely involved in the child's care

Name:

Address whereby the child routinely attends his/her service :

Telephone Number:

Email Address & Fax Number:

Any other Consultants routinely involved in the child's care

Name:

Address whereby the child routinely attends his/her service:

Telephone Number:

Email Address & Fax Number:

Any other Consultants routinely involved in the child's care

Name:

Address whereby the child routinely attends his/her service:

Telephone Number:

Email Address & Fax Number:

GP

Name:

Address:

Eircode:

Telephone Number:

Fax Number:

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Primary Disability Service

Name:

Address:

Eircode:

Telephone Number:

Fax Number:

Child's Information

Diagnosis:	
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Brief Summary of Child's Current Condition and Description of specific nursing care needs:	
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<p>Reason for Referral</p> <p>How do you think St. Gabriel's Respite Services may best support this child and family?</p>	
<p>Family's understanding and expectations of placement (i.e. number and frequency of required respite dates, i.e. midweek/weekend/school holidays etc.)</p>	
<p>Please detail any in home supports that you are availing of currently</p>	

Please complete:	Circle as Appropriate	Further information if relevant:
<p>Independently mobile. If no please detail</p>	<p>Yes No</p>	
<p>Uses Hoist for all transfers</p>	<p>Yes No</p>	
<p>Diagnosis of Epilepsy: Please detail type and frequency of seizures</p>	<p>Yes No</p>	

Child receives nutrition via Enteral tube	Yes No	
Diagnosis of Additional Sensory Impairments	Yes No	
Does child require 1:1 supervision? If yes please detail.	Yes No	
Behavioural concerns	Yes No	

Please return completed forms to:

Laura Enright
 CNM III, PIC
 St. Gabriel's Children's Respite House
 Moneteen
 Mungret
 Limerick V94 59R9

Email: lenright@stgabriels.ie

Mob 086 0759397

Respite House 061-302642

