Primary Care

Children's Services Referral Form

Who should use this form?

Referral can be made by the child's parents or legal guardian, health and social care professionals or education professionals either to a Children's Disability Network Team or to Primary Care Services. The completed Children's Services Referral Form should be sent with the Additional Information Form for the child's age group, completed by the child's parents.

Date of Referral

Referrer

Please also attach any health or other reports you have on your child.

Services you wish to refer to – select either Children's Disability Services or Primary Care Services

Children's Disability Services

Children with complex needs should be referred to their local Children's Disability Network Team. A child has complex needs if they have a range of significant difficulties that require the services and support of a disability team. The team includes speech and language therapy, occupational therapy, physiotherapy, psychology, social work, nursing and other professionals.

Children's Disability Network Team ☐

Primary Care Services

Children with non-complex needs should be referred to Primary Care services.

Dietetics	☐	Physiotherapy	☐
Speech & Language Therapy	☐	Occupational Therapy	☐
Social Work	☐	Psychology	☐
Community Medicine Service	☐	Nursing	☐

Other ☐ (specify)

Child's personal details

Surname		First Name	
Gender		Date of Birth	/ /
Child's Age	Years	Months	
Address and Eircode			

Parent/Guardian 1 Name			
Relationship to child			
Telephone		Mobile	
Email			
Address and Eircode (If different from the child's)			

Parent/Guardian 2 Name			
Relationship to child			
Telephone		Mobile	
Email			
Address and Eircode (If different from the child's)			

Country of Birth	
First Language	
Other languages spoken at home	

Interpreter required Yes ☐ No ☐

Number of siblings, their ages and details of any services they are attending.

Reasons for referral

What are the main concerns and priorities for the child and their family?

1

2

3

General practitioner details

GP Name/Practice

GP Telephone

Email

GP Address

Other community healthcare services

List all other services currently involved or waitlisted.

Children's Disability Network Team

Primary Care

Speech and language therapy

Occupational therapy

Physiotherapy

Psychology

Other (please give details)

Child & Adolescent Mental Health Service

Tusla

Other (please give details)

Creche, pre-school or school details

(Attach any Preschool or School Reports)

Creche	
Preschool	
Address	
Manager/Contact Person	
Telephone	
Email	

School	
Child's Class	
Address	
Principal's Name	
Telephone	
Email	

Medical history

(Attach any relevant Medical Reports)

Relevant Medical History & Birth History.

Any diagnosis e.g. medical condition, learning disability, developmental disorder, hearing impairment. There may be more than one. Who made the diagnosis and date?

If the child is currently in hospital what date is he/she expected to be discharged?

Current medications.

Allergies/Adverse medication events.

Current investigations e.g. blood tests, scans, hearing tests.

Social circumstances

Relevant family and social history

For example family health or housing difficulties, financial or employment problems, bereavement or other stresses.

Any other relevant information

Please indicate whether referrer should be contacted prior to the initial appointment

Yes ☐ No ☐

Are there any relevant risk factors in relation to this referral?

Consent

Referrals without signed consent of parent(s) / guardian(s) will not be accepted.

It is required by law that at least one of the child's legal guardians consents to the referral and signs this form. It is advisable that both parents/legal guardians are aware of this referral.

Definition of a Legal Guardian

All mothers, whether they are married or unmarried, have automatic guardianship status in relation to their children, unless they give the child up for adoption. A father who is married to the mother of his child also has automatic guardianship rights in relation to that child. This applies even if the couple married after the birth of the child.

A father who is not married to the mother of his child does not have automatic guardianship rights in relation to that child. If the mother agrees for him to be legally appointed guardian, they must sign a joint statutory declaration. However an unmarried father is automatically a guardian if he has lived with the child's mother for 12 consecutive months after 18/1/2016, including at least 3 months with the mother and child following the child's birth.

Children in Care

For children in voluntary care or on an interim order, the parents must sign the consent. For children on a care order the consent is signed by a Tusla Child and Family Agency social worker.

Child's Name	
Date of Birth	/ /

I give permission for my child to be referred to Primary Care Services / Children's Disability Services.	Yes ☐	No ☐
I give permission for information about my child to be held by Primary Care Services/Children's Disability Services in accordance with obligations under the Data Protection Acts 1988, 2003 and 2018.	Yes ☐	No ☐
I give permission that in the event that this referral is not appropriate it may be shared with other relevant services to facilitate an onward referral. I will be contacted in advance of this information being forwarded on to another service.	Yes ☐	No ☐
I give permission to Primary Care Services/ Children's Disability Services to contact and obtain relevant information in order to understand and address my child's needs from the professionals and services listed below, such as a hospital consultant, psychologist, speech & language therapist, teacher etc. Only those listed overleaf will be contacted.	Yes ☐	No ☐

Professionals and services your child has attended

Name (if available)	Service	Contact Details

Name of Parent 1/Guardian

Signature

Date

Name of Parent 2/Guardian

Signature

Date

Referrers details

Name			
Role (Parent/ Legal guardian, professional)			
Date			
Address			
Telephone		Mobile	
Email			
Signature			

Any other information you want to give us