

Paediatric Physiotherapy Referral Form

**Patient Details:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name/s: | | Click or tap here to enter text. | | | Family name: | | | Click or tap here to enter text. | | |
| Preferred name: | | | Click or tap here to enter text. | Date of birth: | | Click or tap here to enter text. | | | NHS/MRN no: | Click or tap here to enter text. |
| Gender: | | | Click or tap here to enter text. | Phone number: | | Click or tap here to enter text. | | | Email: | Click or tap here to enter text. |
| Address: | | Click or tap here to enter text. | | | | | | | | |
| Postcode: | Click or tap here to enter text. | | | | | School: | Click or tap here to enter text. | | | |

***Referral criteria:*** Wandsworth GP

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interpreter required? | Click or tap here to enter text. | Language | Click or tap here to enter text. | Ethnic Origin | Click or tap here to enter text. |
| GP Name & Practice (include postcode) | | Click or tap here to enter text. | | | |

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| --- | --- | --- | --- | --- | --- |
| **Reason for referral:** | Click or tap here to enter text. | | | | |
| **Date of onset:** | Click or tap here to enter text. | | | | |
| **Is problem affecting sleep?** | | Click or tap here to enter text. | | Is problem affecting school? | Click or tap here to enter text. |
| **Any relevant investigations:** | | Click or tap here to enter text. | | | |
| **Birth History/ Past medical history:** | | | Click or tap here to enter text. | | |
| **Allergies:** | Click or tap here to enter text. | | | | |
| **Drug history:** | Click or tap here to enter text. | | | | |
| Parents have consented to this referral: | | |  | | |

**Any safeguarding concerns or involvement?**

If yes, please detail:

**Other Professionals involved:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Paediatrician |  | Health Visitor |  | OT |  |  | SLT |  |  | Orthotics |  |  | Other**:** Click or tap here to enter text. |

**Referrer information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Referrer: | Click or tap here to enter text. | | | | | |
| Job Title & Address | Click or tap here to enter text. | Contact phone number or email: | | | Click or tap here to enter text. | |
| Referral date: | Click or tap here to enter text. | Signature: |  | Click or tap here to enter text. | |  |

For more information call 020 8725 1890

Referrals to St George’s Hospital require a consultant/GP/specialist nurse or HV referral

*All referrals to be sent to:* [Therapiesbookinghub@stgeorges.nhs.uk](mailto:Therapiesbookinghub@stgeorges.nhs.uk)

*For enquiries:* [PaedPhysio.CDC@stgeorges.nhs.uk](mailto:PaedPhysio.CDC@stgeorges.nhs.uk)

**Referral Form Referral Criteria**

Complete forms with as much detail as possible to aid timely triage

**Paediatric Lower Limb Clinic - Out of Borough**

* For ‘simple’ normal variants, e.g. lower limb alignment concerns with **no pain** or complex **co-morbidities**
* Increasing Genu Varum/valgus, in-toeing, out-toeing, asymptomatic pes planus >age 4
* To allow the possibility of guided growth, do not delay referral past 10 years of age
* Prior to referral - Consider Vitamin D levels/ metabolic bone disease/ Weight management

**Child Development - Wandsworth**

**MSK:** 0-15 years (inclusive)

**Community:** 0-19 (if in full time education)

* MSK – injury, fracture, trauma, surgery (include injury date, weight bearing status)
* Pain
* Hypermobility –pain +/- functional limitations
* Rheumatological conditions
* Baby Orthopaedics – Birth related injuries (BRBPI), torticollis, plagiocephaly, talipes, asymmetries, DDH
* Infant delayed gross motor skills (not sitting by 10 m, crawling by 12m & walking by 18 months)
* Global developmental delay
* Prematurity with neurological insult at birth/ born under 37 weeks
* Neurological disorders (e.g., Cerebral Palsy, epilepsy, neuromuscular disorders)
* Please refer to Community OT first for Balance & Coordination concerns with age-appropriate Gross Motor Skills [childrensot@stgeorges.nhs.uk](mailto:childrensot@stgeorges.nhs.uk)

**Ponseti – Out of Borough**

* All referrals for structural foot deformities can be sent directly to: [**ponsetiservice@stgeorges.nhs.uk**](mailto:ponsetiservice@stgeorges.nhs.uk) and [Therapiesbookinghub@stgeorges.nhs.uk](mailto:Therapiesbookinghub@stgeorges.nhs.uk)
* Can see parents for antenatal counselling if diagnosis of CTEV at antenatal scan