



Wandsworth Borough Council
Children's Services Department

Children's Specialist Therapies
Social Services Occupational Therapy
Queen Mary's Hospital
Roehampton Lane
SW15 5PN
Tel: 0208 725 3632
cssot.referrals@stgeorges.nhs.uk

Application for
**Children's Social Services Occupational Therapy Assessment
within child's home environment**

**Please ensure that ALL fields are completed
we are unable to process referrals without the required information and
signed consent from parent/carer.**

Child First Name	Address
Child Surname	
Child DOB	
Home Telephone	Names of Parent(s)/Carer(s)
Mobile Telephone(s)	
Email Address(es)	Parent Language(s) Spoken
Ethnicity:	Interpreter needed Yes / No
Nationality:	Child Language(s)
Religion:	

Child's Diagnosis *Please attach a letter from a medical professional confirming your child's diagnosis. Without this we may not be able to process the referral.*

Child's height	Child's weight
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How does your child get in/out of your home? *For example, in a buggy? Are they carried? Or do they use equipment such as a wheelchair? Do they walk?*

How does your child move around inside of your home?

For example, do they crawl? Are they carried? Or do they use equipment such as a walking frame or wheelchair?

Can they manage steps and stairs?

Do you have equipment supplied by an Occupational Therapy or Physiotherapy Service? Please list the items you have below:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please outline your concerns and reason for referral:

Activities of Daily Living

Please outline how your child accesses and uses areas of the home

WASHING

Please outline how your child washes, and what assistance they need?

TOILETING

Please outline how your child accesses toileting facilities, are they changed, do they use a potty or a toilet?

SEATING

How do they get on and off of a chair or sofa?

DRESSING

How does your child dress, what assistance do they need?

COOKING /PREPARING SNACKS

How does your child access the kitchen, what assistance do they need?

BED TRANSFERS

How does your child get in and out of their bed?

Eating / drinking

How does the your child eat / drink?

Are there any behavioural or safety concerns we should be aware of?

Housing Information

Tell us about your home. For example, where is the main bathroom? How many floors are inside your property? How many bedrooms are there? Who lives there?

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Is your property a house or a flat?	
Does your property have internal stairs?	Yes / No
Which floor is your property on?	
Is there a communal lift	Yes / No

Who owns your property?	<i>Please tick</i>
Do you own it?	<input type="checkbox"/>
	Is it leasehold or freehold?
Wandsworth Borough Council	<input type="checkbox"/>
Housing Association – please name them & provide contact details	<input type="checkbox"/>
	Name of Housing Association:
	Contact details:
Privately Rented – please provide the details of your landlord	<input type="checkbox"/>
	Name of Landlord:
	Contact details:
Will your landlord consent to adaptations?	Yes / No

Do you have an active housing application?	Yes / No
Please provide your Housing application number & attach relevant letters	Ref no:
	Letter attached Yes / No
Have you been assessed as homeless by Wandsworth Borough Council?	Yes / No
Please provide a recent letter from WBC confirming this.	Ref no:
	Letter attached Yes / No

Professionals Involved

The professionals currently working with my child are:		
Service	Name of Professional	Professionals' contact details
GP <i>(Name & Practice)</i>		
Paediatrician		
Consultant		
Consultant		
School / Nursery		
SEN case worker		
Occupational Therapist		
Physiotherapist		
Speech & Language Therapist		
Wheelchair Services		
Orthotics		
Social Worker		
Early Years		
Community Nurse		
Respite		
CAMHS		
Housing Officer		
Other		
Other		
Other		

DECLARATION OF CONSENT

Parent/carer consent **must** be obtained & the below signed if we are to proceed with referral.

Verbal consent to another professional is insufficient to accept this referral.

Please note that this service shares the same electronic notes system as Social Services Social Workers. Some notes from Social Services may be restricted to this service.

To support your referral and provide appropriate advice in relation to your child's needs, we may need to obtain further information from or share information with the professionals and organisations involved in your child's care or housing needs.

By returning this completed, signed referral form you consent and agree to the Children's Social Services OT sharing information with, and requesting information from health professionals and partner organisations including:

- Doctors, Paediatricians & Consultants
- Therapists (OT, PT, SLT) involved with your child's care
- School (Teachers & therapists) & Wandsworth SNAS
- Social Workers and Safeguarding Teams
- Wandsworth Housing department / Relevant Housing Association
- Wandsworth HIA or Grants Department
- Medequip (equipment delivery organisation)

Name of Child	
Date of Birth	

Name of Parent/ Carer (Please Print)	
Signature	
Date	

Name of Parent/ Carer (Please Print)	
Signature	
Date	

If you have completed the details on this form on behalf of the family, please sign and date the form below stating your relationship to the applicant, professional job title and contact number.

Name	
Job Title / Relationship to child	
Contact information (<i>email / phone</i>)	
Signature	
Date	