**Referral form for external referrals to be considered for an assessment for Social Communication Disorders**

* **Please send completed referral form & required information to** **Paediatric.SCDAdmin@stgeorges.nhs.uk****.**

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| 1. **Child’s details**
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| Child’s Name: Male[ ]  Female [ ]  | D.O.B: NHS No:  |
| Address:  | School/Nursery:Year: |
| Telephone No/s: Email:  | GP Practice/Surgery: (Only children with a Wandsworth GP can be referred) |
| Consent for referral must be obtained from parents Please tick to confirm that has this been done [ ]  Parent’s name: |
| Language/s spoken at home: If English is a second language please tick proficiency level of the parent: Fluent [ ]  Adequate [ ]  Non-fluent (requires interpreter) [ ]  Is parent able to access written information? Y [ ]  N [ ]   |
| **Which of the following apply (if they do not apply, please refer to the developmental paediatric service at St George’s)** |
| Child is 5 years to their 8th birthday AND does NOT have unexplored developmental difficulties/delay and/or current therapy input |  |
| Child’s age is up to the 8th birthday and had a paediatric neurodevelopmental assessment by a paediatric community or neurodevelopmental doctor (for example different borough)  |  |
| **Confirm that child is presenting with social communication and interaction differences** |  |
| **Please provide the following with your referral**  |
| Please provide the information & confirm they are attached with referral |  |
| Please provide the information & confirm they are attached with referral  | Attached (Y/N) |
| Parental questionnaire |  |
| School questionnaire  |  |
| Developmental report (if child has been seen by developmental/community paediatrician) |  |
| **Referrer’s details** |
|  REFERRER’S NAME: DESIGNATION:  CONTACT: DATE: |