CHILDREN & YOUNG PEOPLE'S OCCUPATIONAL THERAPY SERVICE

1. CHILD'S DETAILS						
Full Name		Date of Birth	h CHI number			
Address (include postcode)		Phone Num	bers			
		Mobile (Preferred): Home:				
		Parent/Carer's Name				
Main Language Spoken at Home:		Interpreter required:				
		YES/ NO				
2. SCHOOL/ NURSERY/ FAMILY CENTRE						
Name Class and Teacher's Name				Name		
3. PROFESSIONALS INVOLVED (include GP, AHP's, Social Work, Learning Support, Education Inclusion Support Service, Educational Psychologist, CAMHS etc)						
Name	Profession		Contact details			
4. RELEVANT MEDICAL HISTORY						
Pre/Post natal, developmental milestones, relevant investigations, diagnosis and prognosis, medication.						

5. ANY RELEVANT BACKGROUND INFORMATION					
Social circumstances, Previous request for assistance to Occupational Therapy					
6. REASON FOR REQUEST FOR ASSISTANCE AND HOW THIS IMPACTS ON THE					
CHILD					
In School / Nursery / Family Centre / Home					
7. WHAT STRATEGIES/APPROACHES HAVE ALREADY BEEN TRIED? HOW					
EFFECTIVE WERE THEY?					
8. WHAT DO YOU HOPE THE CHILD/YOUNG PERSON WILL GAIN FROM THIS REQUEST?					
Have you appeared our website to look at the advise and strategies available.					
Have you accessed our website to look at the advice and strategies available Yes No here in the first instance?					
nere in the list instance?					
Have you accessed the Children's Occupational Therapy telephone advice line if Yes No					
applicable?					

10. REQUESTOR'S DETAILS

Name	F 05111011	Address	
Phone no.			
I agree to my child's request for assis child's school being asked for further	Yes No		
I give permission for his/her GP and/or Community Paediatrician to be advised of this request for assistance.			Yes No

(Note: this referral cannot be processed without the signed or verbal consent of the child's parent/carer)
Return completed forms to: Children's Occupational Therapy Service, St. John's Hospital,
Howden Road West, Livingston EH54 6PP Tel: 01506 524134 (Advice Line first Thursday of the month)
For Education Staff/ Health Care Professionals please email LOTH.ChildrensOTservice@nhs.scot

Link to website: https://services.nhslothian.scot/cypot/

