**Paediatric Assessment Referral Form**

**For children subject to a child protection plan for neglect**

**Send via secure email** (see Paediatric Assessment Procedure for contact details)

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| **Child/Young Person’s Details:-**   |  |  | | --- | --- | | First Name: |  | | Surname: |  | | Date of Birth: |  | | Ethnicity: |  | | NHS Number: |  | | Address: |  | | Gender: | Male / Female (delete as appropriate) |   **Parent/Carer Details:**   |  |  | | --- | --- | | Name: |  | | Ethnicity: |  | | Address (if different from above: |  | | Telephone: |  |   **Referrer Signature:**   |  | | --- | |  | | |  |  | | --- | --- | | **Health Visitor/School Nurse:** |  | | Address: |  | | Telephone: |  |  |  |  | | --- | --- | | **Nursery/School:** |  | | Address: |  |  |  |  | | --- | --- | | **GP:** |  |  |  |  | | --- | --- | | **Consent Obtained:** | Yes / No |  |  |  | | --- | --- | | **Interpreter Required:** | Yes / No |  |  |  | | --- | --- | | **Referrer:** |  | | Role: |  | | Local Authority Address: |  | | Telephone: |  |  |  |  | | --- | --- | | **Date of Child Protection Conference (ICPC):** |  |  |  | | --- | |  |   **Date:** |
| **For completion by social worker/0-19 service:-**  Please provide details of the unmet health needs or outstanding health needs that require paediatric input in secondary care.  Please see checklist below for indication for referral. If indication does not meet the criteria, the referral will be rejected or redirected. Unmet health needs are needs that cannot be met by primary care, either by the GP, School Nurse or Health Visitor or if already under the care of mental health.  Please note this is not a Child Protection assessment but an assessment **of the physical health needs** and onward referral / advice regarding any psychological health needs. This assessment is not to answer whether neglect is the cause of the child’s medical problems, for example, developmental delay, short stature. If there are any concerns about a child’s growth, then they will need to be seen and medical conditions explored.  **Does the child have any unmet health needs: - YES**  **NO**  If no, please refer the child to the GP for a routine review of the family and child health.  **Please tick criteria for referral. Please note the child MUST be on a Child Protection Plan for Neglect:-**   |  |  | | --- | --- | | Eczema, Asthma, Epilepsy, Constipation etc. Not responding to treatment or not attending appointments |  |  |  |  | | --- | --- | | Recurrent Urinary Tract Infections |  |  |  |  | | --- | --- | | Short stature < 0.4th centile for height |  |  |  |  | | --- | --- | | Severe Obesity > 99th centile for weight |  |  |  |  | | --- | --- | | Persistent wetting or soiling – please refer to the Paediatric Incontinence Service first , referral rejected if not seen by continence |  |  |  |  | | --- | --- | | Child discharged from hospital follow up due to non-attendance |  |  |  |  | | --- | --- | | Child has less than 85% attendance at school due to medical illnesses, regardless of cause |  |  |  |  | | --- | --- | | Other, please provide details: - |  |   **Are there are any concerns about the child’s development? If yes, please refer to the Health Visitor / School Nurse for formal assessment and refer appropriately to Speech and Language Therapy and Paediatrician.**  **Does the child have behavioural issues: - YES**  **NO**  If yes and < 5 years old, please refer to Health Visiting Services.  If yes and > 5 years old, please refer to Early Help via the Single Point of Access Team.  **Has the child missed immunisations: - YES NO**  **If yes Refer GP practice and ensure they attend** | |