



PRIMARY CARE OCCUPATIONAL THERAPY FOR CHILDREN REFERRAL

Child's name: Known as:		D.O.B:		Gender:
Address:		Parent/Guardian name(s):	Parent 1: Parent 2:	
Phone: Mobile:		Siblings:		
e-mail address:		Relevant medical history:		
Diagnosis:				

School / Pre-School

School name:		Teacher's name:		Class:
School address & telephone:		Special supports received:		

Other professionals / services involved (e.g. GP, consultants, allied health professionals)

Name/profession:		Address/Tel:	
Name/profession:		Address/Tel:	
Name/profession:		Address/Tel:	

Details of Referral:

Reason for referral: (Daily living skill e.g. self care, school, play - see Guidance document/Information for referrers)

Description of functional performance (NB Include strengths, if relevant)

Self care and independence: Does your child have any difficulties? If so, what difficulties are encountered when engaging in self care activities e.g. difficulties with: dressing, bathing, toileting, eating, hygiene or achieving independence in daily routines?



Learning and school life: Does your child have any difficulties when at school or pre-school e.g. functioning at age appropriate level, accessing the environment, handling/using class materials, tools or equipment, working independently, joining in with sports/PE and managing daily self care routines?

Play/Leisure: Does your child have any difficulties when engaging in play or leisure activities? If so, what do they find difficult? What type of toys are played with and avoided? What help is needed?

What strategies/approaches have already been tried?

Family/Child's main priority/concern at present:

Other comments:

Referrer's Details:

Name & Profession:		Address/Telephone:	
Parental/guardian consent given for referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verbal/Written	
Parental consent provided for OT to contact school/preschool for further information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verbal/Written	
Special considerations for referral (i.e. interpreter, lone working issues)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Relevant reports attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Referrer's Signature: _____ Date of referral: _____

For office use:

Date received:	
Action taken:	



Guidance

The Community Paediatric Occupational Therapy Service, HSE North Dublin, works with children and young people, **between the ages of 0 -12 years 11 months/** still enrolled in 6th class, who have a functional difficulty which impacts on their ability to participate in everyday activities, such as play/leisure, self-care/independence, school life. Occupational Therapists help children who have difficulty with functional tasks for example, dressing, handwriting, self-care, organisational skills etc.

Please note: Child must reside in Dublin North Area and not be older than 12 years of age. The child should not be referred if they are referred or on the waiting list for the Early Intervention Team, School Age Disability Team, Beechpark, CAMHS, Central Remedial Clinic or St Michaels House.

A referral to this service should be made when the child/young person, family member or other involved professional has a concern regarding the child's ability to participate in any of the following areas: play and leisure, self-care and independence and school life.

1. Self-care and independence

Activities affected may include:

- Eating and drinking, dressing, grooming, washing, bathing and toileting
- Mobility issues accessing the environment e.g. getting up stairs, in/out of bath, on/off toilet and other furniture
- For older children also consider age appropriate independence skills, such as getting self a drink, preparing a snack, packing a bag for school or carrying out household chores, organising themselves.

2. School life

Activities affected may include:

- Accessing and negotiating the school environment: e.g. mobility around school, access to all areas/activities of classroom, using bathroom and dining room facilities
- Managing class routines and self-care activities: changing for PE, coping with lunch times and toileting, managing routine tasks such as hanging up coat, tidying up etc.
- Handling and using school tools, equipment and materials: issues in lessons such as art/craft, with using scissors or handwriting.
- Work independently: initiating and carrying through an activity, maintaining attention, problem solving, organising themselves and materials for the task.

3. Play/Leisure

The child's ability to participate in play and leisure activities including:

- Can the child access and participate in a range of play and leisure activities such as pretend play, making things play, large movement play activities such as riding a bike, accessing playground equipment and ball games
- Participation in community play and leisure resources and activities

Information the referral should contain:

- The child's current level of ability (i.e. what the child can and cannot do)
- What the problem is?
- Whether the family and or child/young person considers it to be a major concern that they wish to be addressed?
- Please provide any further information regarding the parents/carers, or home environment that may be relevant in the "other comments" section

Behaviour – When requesting an assessment of the home physical environment in relation to behaviour difficulties

- Please describe the behaviour- when and where it occurs and frequency
- The impact on the child and family and the associated risks
- What environmental changes or adaptations are required and what has already been tried



If the family live in the following areas of North Dublin (Network 1): Balbriggan, Ballyboughal, Balrothery, Lusk, Naul, Rush, Skerries and Dublin north part of Stamullen.

Forward referrals to:

Dublin North Primary Care Occupational Therapy for children
HSE Balbriggan Primary Care Centre
66-70 Dublin Street
Balbriggan
Co. Dublin
K32HC94

Ph: 01-921 3235
Email: Balbriggan.PaedsOT@hse.ie

If the family lives in the following areas of North Dublin (Network 2, 4 and 5): Artane, Ayrfield, Balgriffin, Beaumont, Belmayne, Clarehall, Clongriffin, Clonshaugh, Coolock, Darndale, Donabate, Donaghmede, Edenmore, Garristown, Harmonstown, Kilbarrack, Kilmore, Killester, Kinsealy, Oldtown, Portrane, Priorswood, Raheny, Santry, St. Margaret's, Swords, The Ward.

Forward referrals to :

Dublin North Primary Care Occupational Therapy for children
HSE Coolock Primary Care Centre
Cromcastle Road
Coolock,
Dublin 5
D05V026

Ph: 01- 921 4392
Email: Otforchildren.Coolock@hse.ie

If the family lives in the following areas of North Dublin (Network 3): Baldoyle, Howth, Malahide, Portmarnock, Sutton.

Forward referral to:

Dublin North Primary Care Occupational Therapy for children
HSE Portmarnock Primary Care Centre
Kingsford Cross
Junction of Strand Road and Carrickhill Road
Portmarnock Village
Co. Dublin
D13 YV05

Ph: 01 921 3642
Email: Otforchildren.Portmarnock@hse.ie