Paediatric Physiotherapists help babies, children and young people with a variety of short and long term conditions that have an impact on their mobility, development and function.

Support to children, their families and carers may be offered in a number of ways including:

* Reassurance, support and advice
* Signposting to other services, community resources and groups
* Assessment and advice or intervention if needed

Prior to completing a Request for Assistance form you may find it useful to call the Paediatric Physiotherapy advice line. It is open to anyone who has concerns regarding a child’s mobility, development or injury. The **Paediatric Physiotherapy Advice Line is open Wednesday 1-3pm & Friday 11-1pm. TELEPHONE: 01224 559877**

There are also a variety of leaflets and information that you may find useful on the following websites: <https://www.rach.scot.nhs.uk/physiotherapy-resources/> and <https://apcp.csp.org.uk/parent-leaflets>

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| --- | --- |
| **Patient Details** | |
| Title |  |
| First name \* |  |
| Surname \* |  |
| Date of birth/CHI number (if known)\* |  |
| Address \* | Postcode: |
| Telephone number\*  Mobile number | Consent to appointment text reminder: Yes No |
| Email address | Consent to hold email address: YesNo |
| GP Practice address\* |  |
| School / Nursery\* |  |

|  |  |
| --- | --- |
| **Referral Information** | |
| Reason for request for assistance: | ***Please give as much detailed information as possible. How is it affecting the child/young person’s life? Is it affecting the child/young person’s development? Are they off school because of this problem? What have you already tried to help this child/young person? Has the child/young person previously attended Physiotherapy and was it helpful? Do they have any additional support needs or help from other agencies/services?*** |
| Medical history | ***Please list health problems the child /young person has, including allergies.*** |
| Medication | ***Please list all medication the child/ young person is taking*** |
| Please supply any other helpful information | ***Is the child known to the physiotherapy service and whom? Any wellbeing concerns?*** |
| Is the child on the Child Protection Register? | Yes  No |
| First language | Do you require us to organise an interpreter? Yes  No |
| Details of the person placing request | Self  Parent  Carer  Health professional  Teacher  Other (Please specify): |

|  |  |
| --- | --- |
| **Referrer details** | |
| Name: | Position: |
| Contact details: | |
| Signature : | Date: |

Your request for assistance will be triaged and someone from the team will contact you, by phone or letter, in due course.

If you have any queries about your referral, please contact the service direct on [gram.childrensphysiomoray@nhs.scot](mailto:gram.childrensphysiomoray@nhs.scot) or call 01343 567368.