

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Paediatric Occupational Therapy Guidelines for Completion of our Referral Form

To ensure that there is sufficient and appropriate information to help us decide how best to proceed with your referral please follow the guidance below.

It is important that:

- The person who has primary responsibility and best understands the difficulties of the child completes this form. This is generally the child's parent, but if it is a school based issue the child's school should complete the referral.
- Copies of any relevant reports/information are sent along with this referral.
- Where assistance for parent is required to complete the referral form, you ensure the consent section is signed by the parent/guardian. Forms without a clear signature will <u>not</u> be accepted.
- The section called *any other relevant information* on page 5 is used to tell us about:
 - You and your Child's main and current concern and the impact on every day life.
 - What you have tried so far to manage the difficulty and how successful this has been.
 - Any additional advice, support or services you are receiving in relation to the difficulties.

If you require support to complete this form, please contact your local Children's Centre on:

Swansea: 01792 200400 Neath Port Talbot: 01639 862713 Bridgend: 01656 752237

Paediatric Occupational Therapy Service July 2014

Bwrdd Iechyd ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board Pencadlys ABM / ABM Headquarters, 1 Talbot Gateway, Port Talbot, SA12 7BR. Ffon / Tel: (01639) 683344