

EARLY YEARS REFERRAL FORM

Please return this form to the address above

Child's name:	Date of Birth:
Address:	Telephone
Postcode <i>(required)</i>	Home:
School / Nursery:	Mobile:
GP:	
Parent / Carer <i>(name and relationship to child)</i>	
Referred by <i>(name and role)</i>	
Referrer address:	Date referred:
	Tel number:
Health Visitor:	Tel number, team and base:
Does this child have a Child Protection Plan? <input type="checkbox"/> yes <input type="checkbox"/> no	Does this child have a CAF? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please give details	If yes, please attach a copy.
Reason for Referral:	

Allergies: (Please tick box as appropriate)

Does the child have any known allergies Yes No
If yes please give details:

Ethnicity:

Under the Race Relations Amendments Act 2000 the Trust is legally committed to eliminating discrimination, promoting equality of opportunity and promoting good race relations. In order to work towards these goals we are required to collect ethnicity of all patients.

Please tick one of the following boxes:

- A – White British
 Irish
 Any other White Background
- B - Mixed White and Black Caribbean White and Black African
 White and Asian Any Other Mixed Background
- C – Asian or Asian British Indian Pakistani
 Bangladeshi Any Other Asian Background
- D – Black or Black British Caribbean African
 Any Other Black Background
- E – Chinese or Other Ethnic Group Chinese Any Other Ethnic Group

All the information we receive will be used and treated with the strictest confidence. Any planning information on general release will be anonymous with all names removed.

The classification is entirely voluntary but will help us to provide a better quality of care. The level of care you will receive will not be affected by your decision to complete this form.

Home language

Is an interpreter required? yes no **If yes, which language?**

Parent/carer consent (*required*)

I give my consent for a referral to the Speech and Language Therapy Service and I agree that information about my child may be shared with other agencies when it is in his/her best interests.

Parent/carer's signature:

Date: