Health and Community Services

Children's Occupational Therapy Department
Enid Quenault Child Development and Therapy Centre
Quennevais Park, La Route des Quennevais, St Brelade, JE3 8JW

Children's Occupational Therapy Referral Form

Complete this form fully to ensure the child is allocated to the appropriate clinic and prevent delays. Post your completed form and all relevant reports to the address above or email to: ChildOT@health.gov.je.

Have the child's parents or guardian given consent for this referral? ☐Yes ☐No

Child or young person's details		
Name:	Gender: ☐Male ☐ Female ☐ Other	DoB:
Address (where child currently lives):		
Name of person with parental responsibility or legal guardianship:	Preferred contact method: ☐ Phone, ☐ Email, ☐Letter	
Email address:	Phone no.:	
Interpreter required? ☐Yes ☐No If yes state which language:		
Details of school or nursery:		
Other information		
Child protection plan? ☐ Yes ☐ No. (If yes, give details):		
Child in need? ☐ Yes ☐ No (If yes, give details):		
Child Looked After? ☐ Yes ☐ No (If yes, give details):		

Reason for referral
Why the child needs Occupational Therapy:
Strategies or approaches already tried:
Relevant medical history: *diagnoses, medication, surgeries, investigations*

Details of other professionals already involved (Attach all relevant reports)	
Profession	**Name and base**
☐ Paediatrician	
☐ Occupational Therapist	
☐ Speech and Language Therapist	
☐ Physiotherapy	
☐ School Nurse	
☐ Community Nurse	
☐ CAMHS	
☐ Social Worker or Lead Worker	

Additional Comments:

Referrer's details	
Name:	Designation:
Signature:	**Date:**
Telephone:	Email: