For office use: Triaged by: Action to be taken:

Wirral University Teaching Hospital
NHS Foundation Trust

Wirral Children's Occupational Therapy DCD Team
Referral for Motor Co-ordination Difficulties

Please complete all sections of the form. Failure to do so will result in the referral being returned to the referrer and will delay assessment process.

Name…… DoB……..

Address……Tel No……

Email address for parent/guardian……

Name of parent/guardian…….

School……..

GP …… Address…….....

Has the child been seen by an OT previously? YES / NO **Approx date ……..**

Past Medical History……..

……..

……..

Any current safeguarding concerns? YES / NO **Details ……**

……..

……..

Does the child have an Educational, Health and Care Plan (EHCP)? YES/ NO

Does the child have learning difficulties? YES / NO

If learning difficulties are present, are the motor difficulties in excess of those usually expected for the child's developmental level of functioning? YES / NO

Does the motor impairment significantly interfere with academic achievement or activities of daily living? YES / NO

From clinical observations, please comment on observations made relating to the following areas:

- Neuro examination…….

……..

- Balance……

…….

- Pencil skills……..

……..

- Co-ordination…….

…….

Reported impact of coordination difficulties on the following functional skills (please circle)

Dressing Feeding Play/leisure Handwriting

Other agencies referred to or involved in assessing/treating the child's difficulties (please circle)

Physiotherapy Speech and Language Therapy Child & Family

Educational Psychologist Other……

Current diagnoses being considered (please circle)

ASD DCD/dyspraxia ADHD SpLD Hypermobility

Developmental delay Other……..

Is the Parent/guardian aware of the referral to Occupational Therapy? YES / NO

☐ **I can confirm that a neurological examination did not reveal any evidence of neurological deficit**

☐ **I can confirm that I will be responsible for providing the diagnosis following assessment**

Name…… Signature……...

Designation……. Date……

Please return the referral form to: **Children's Occupational Therapy DCD Team**
Cherry Tree House, Clatterbridge Hospital
Bebington, Wirral. CH63 4JY

Telephone (Cherry Tree): 0151 482 7732 Email:-wuth.sensorymotorteam@nhs.net