

**Wirral Children's Occupational Therapy Service
Referral for Sensory Motor Processing 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 the assessment process.

Name:.....**DoB.**.....

Address.....**Tel No.**.....

Email address of parent/guardian.....

Name of parent/guardian.....

School.....

GP.....**Address**.....

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

Past/present medical History.....

.....

Any significant safeguarding history?.....

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Does the child have a developmental delay? YES / NO **Approx delay** 1-2yrs 3-4 years other

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

Is the child at risk of seriously injuring self or others due to sensory / behavioural difficulties? E.g. biting, hitting, throwing furniture, exclusion from school YES / NO

Please give details (include where behaviours occur).....

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Does the sensory processing difficulties significantly interfere with academic achievement or activities of daily living? YES / NO

Does the child have motor skill difficulties? YES / NO
(if yes please refer through the DCD pathway)

Sensory system involved	Behaviours displayed	State what the child cannot do as a result of this difficulty
Touch		
Auditory		
Visual		
Vestibular (movement sense, balance, fear of heights, movement seeking eg. rocking, spinning, twirling,		
Modulation (attention, distractibility, sensory seeking behaviour, becomes overly excitable lethargic, emotional reactions, sensory avoiding behaviours)		

Other agencies referred to or involved in assessing/treating the child's sensory difficulties:

- ☐ Physiotherapy
 ☐ Speech and Language Therapy
 ☐ Child & Family
☐ Educational Psychologist
 Other:

Current diagnoses being considered

- ☐ DCD/Dyspraxia
 ☐ ASD
 ☐ ADHD
 ☐ Developmental delay
 Other:

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

Name..... **Signature**.....

Designation..... **Date**.....

Please return the referral form to:

Children's Occupational Therapy Department
 Children's OT DCD Team
 Cherry Tree House, Clatterbridge Hospital
 Bebington, Wirral. CH63 4JY
 Direct Dial (Cherry Tree): 0151 482 7732
 Email: wuth.sensorymotorteam@nhs.net