

Please return by post to:

Child Health - Family and Clinical Support Services  
Basingstoke and North Hampshire Hospital  
Aldermaston Road  
Basingstoke  
Hampshire  
RG24 9NA

## PATCH REFERRAL FORM FOR CHILD HEALTH ASSESSMENT

PLEASE COMPLETE ALL SECTIONS

(Incomplete referrals will unfortunately have to be returned to referrer)

Name: .....DOB:.....

Age: .....years.....months Language spoken at home:.....

Address:.....

.....Postcode:.....

Tel No:..... NHS No:.....

School/Preschool:.....GP:.....

### MAIN CONCERNS/AREAS OF DIFFICULTY:

	Concerns/Description of Current Abilities:
Motor skills (including fine motor):	
Speech and Language (including understanding):	
Hearing and vision:	
Self care skills:	
Social Skills (including play skills):	
Learning ability:	

<b>Behaviour (including evidence of pervasiveness):</b>	<b>At home:</b>  <b>In educational setting:</b>
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**Other agencies involved with family or child** (Please state if referral has been made *and/or* name of relevant professional if already known):

√			√		
Paediatrician:			Audiology:		
Health visitor/ School nurse:			Eye Clinic:		
Speech and Language Therapy:			CAMHS:		
Physiotherapy:			Area INCO/SENC:		
Occupational Therapy:			Educational Psychology:		
Portage:			Children's Services:		
Primary Behaviour Service:			Locality Team:		
Parent support Advisor:			Other:		

**Additional information/reports provided?** Yes/No

**Any other support already in place at school/nursery? e.g. ELSA, 1:1 support:**

**Please state if parents have attended a parenting course: Yes/No** (If yes, please give details)

**Desired outcome from this referral** (i.e. what do you hope this referral will achieve for the child/young person and their family?):

**Please confirm that the child's GP is aware of this referral** ☐ (Please tick)

**Do you intend to attend the Patch Team meeting?** Yes/No

**Referrer's name:.....Job title:.....**

**Referrer's signature:.....Date.....**

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**Parents'/Carers' Views:**

**Please confirm that:** (Please tick)

- I am/We are aware of and consent to this referral. ☐
- I/We have been given and have read the parent information sheet. ☐
- I/We agree to the Patch Team gathering information from and sharing the report with other relevant professionals. ☐

**Parent/Carer's name:.....Relationship to child:.....**

**Parent/Carer's Signature:..... Date:.....**

**To be completed by  
Parents/Carers:**

## Information for Parents/Carers about Patch

Your child is being referred to the Patch team because you and/or a professional have concerns about their health, development or behaviour.

This information sheet explains what you can expect to happen following your child's referral being received by the Patch team.

All referrals are discussed in a Patch meeting. The meeting is attended by Paediatricians (Children's doctors) and may also be attended by other professionals who may know your child, such as the Health Visitor, School Nurse, Therapists etc. Occasionally professionals representing Education or Children's Services may also wish to attend these meetings to discuss individual children.

There are three Patch Teams, each representing a different geographical area. Each team meets once a month.

The aim of the meeting is to prioritise an individual child's health needs and advise on an appropriate course of action. In order to reach the best decision for your child, the Patch team members will look at existing documentation and share relevant information between professionals.

There are several possible outcomes for your child following the meeting:

1. A request for the referrer to provide more information in order to inform the decision making process
2. The school nurse to gather further information by liaising with both you and the school staff
3. A request for you to attend a parenting course in the first instance
4. A referral to a different service such as Children's Therapies, CAMHS etc.
5. An offer of an outpatient appointment with a General Paediatrician (where the concerns are mainly medical)
6. An offer an outpatient appointment with a Community Paediatrician (where the concerns are mainly developmental, behavioural and/or educational)

The referrer will always be informed of the outcome following the meeting.

If your child is seen in a Paediatric outpatient clinic (outcomes 5 or 6) the doctor will first spend time discussing the concerns about your child, as well as their medical and family history. He/She is also likely to examine your child and may undertake further assessments or tests. In most cases it will be important to gather additional information about your child's behaviour and/or progress in their educational setting. This may be in the form of written reports and/or may be via telephone conversations between professionals.

Following the clinic appointment a letter will be written to the referring professional summarising all of the above. A copy of this letter will also be sent to you and to other relevant professionals who know your child. This usually includes staff at your child's pre-school/school.

Therefore **by consenting to the Patch referral, it is important to understand that you are agreeing to the whole process outlined above, including sharing of relevant written and verbal information about your child between relevant professionals.** If you have any questions or concerns about this, please discuss these with the professional making the Patch referral or with the Paediatrician at the time of the appointment.

# ADDITIONAL USEFUL INFORMATION FOR REFERRERS TO PATCH

## REFERRAL CRITERIA

1. Concerns about a child's **development** (especially below the age of 7 years).
2. Pervasive concerns about features of possible **autism spectrum disorder (ASD) in children up to the age of 5 years**. Please note:
  - a. Referrals will only be accepted up until the 31<sup>st</sup> August following the child's 5<sup>th</sup> birthday.
  - b. The referrer must provide evidence that problem behaviours occur across at least 2 different settings.
3. Pervasive concerns about features of possible **autism spectrum disorder in children over the age of 5 years, if the child has one of following co-morbidities**:
  - o Ex-premature infants (< 34 weeks) or those with significant neonatal disease
  - o Genetic syndromes such as Down syndrome, Prader Willi syndrome etc.
  - o A significant degree of learning impairment
  - o Visual or hearing impairments
  - o Neuro-muscular disorders, such as Duchenne's Muscular dystrophy, Cerebral palsy etc.The referrer must still provide evidence that problem behaviours occur across at least 2 different settings.
4. Children with **complex needs** who live in, or have transferred in to the patch and need ongoing follow up.
5. All children undergoing statutory assessment for an **Education Health and Care Plan**.
6. **Vulnerable children** with significant health needs.
7. Children born under 30 weeks gestation who require a developmental assessment at 48 months (as per NICE guidelines)

## REFERRALS WHICH CANNOT BE ACCEPTED

Unfortunately referrals **cannot** be accepted in the following circumstances:

1. Children with general behavioural difficulties (unless that child has specific traits that suggest a neuro-developmental diagnosis as a possibility); families should be signposted to relevant parenting support services e.g. Family Support Services, Barnardos Specialist Parenting; or school should refer to behaviour support services e.g. Primary Behaviour Support.
2. Re-assessment of children with previously identified difficulties, unless a significant change can be evidenced.
3. Re-assessment of children who already have a named neuro-developmental diagnosis and whose behaviours are expected from that diagnosis; families should be signposted to relevant voluntary sector services e.g. National Autistic Society, Autism Hampshire, Parent Voice; or school should involve relevant support services e.g. Maple Ridge Outreach.
4. ADHD assessments – children should be referred to CAMHS
5. Children diagnosed in another area with conditions, including ADHD, who may be on medication (Refer to CAMHS)
6. ASD assessments for children who are already been accepted for assessment by another service.
7. ASD assessments in children above 5 years without additional co-morbidity (Refer to CAMHS)

## OTHER SUPPORT AGENCIES THAT MAY BE USEFUL

### For parenting/behavioural support

Preschoolers: Health Visitors/Community Nursery Nurses/Portage Plus/Home start  
School aged: Barnardo's specialist parenting courses/Family Support Services

### For mental health difficulties

CAMHS (Single point of access)  
Counselling services: YPI/ Hampshire Youth Access/Relate

### For difficulties in school

Educational Psychology  
Primary Behaviour Service  
Maple Ridge Outreach  
School nurse