Whittington Health NHS

Referrals Intake Coordinator
Community Paediatric Service,
Block G1, St Ann's Hospital,
St Ann's Road,
Tottenham,
London N15 3TH

Telephone: 0203 224 4719
Fax No: 0208 442 5855

Referral Form to the Haringey Community Paediatric Service

Please tick reason for referral:	Please Tick
Autism / Social Communication Disorder (12 years and over please refer to CAMHS)	
Neurodevelopmental concerns	
Non-acute safeguarding concerns, e.g. possible neglect (acute concerns please refer to Social care)	
NB: we do not see children for assessment of possible ADHD, they should be referred to CAMHS through the SENCO in the child's school	

Child:	First Name:	Family Name:	
Male: ☐ Female: ☐		Date of Birth:	
Name of parent/carers & parental responsibility:	Mother:		PR: Yes ☐ No ☐
	Father:		PR: Yes ☐ No ☐
	Carer:		PR: Yes ☐ No ☐
Address:			
		Post Code:	
NHS number:		Mobile:	
Ethnicity:		Land line:	
Language(s) spoken at home:			
Is an interpreter or signer required?:	No ☐ Yes ☐	If yes, language required:	
Health Visitor/School Nurse:		Tel:	
Address:			
School/ Nursery:			
GP:			
Address:		Postcode:	
Is the child the subject of a child protection plan?	Yes ☐ No ☐ Not known ☐	Is the child Looked After by the local authority?	Yes ☐ No ☐ Not known ☐

Name of social worker:	Tel:

Please summarise concerns/ reason for referral – including any relevant family or social concerns

Consent for referral and information sharing In submitting this referral I confirm that I have discussed this and have the verbal consent of:	
Name:	
Relationship to the child (to delete as appropriate):	mother / father / other________________________

Name of referrer:	
Role:	
Address:	
	Postcode:
Date:	Tel:

If you wish to receive confirmation we have received your referral, please give us your **email address***:*

……………………………………………………………………………………………………

Please send a copy to the child's GP and keep a copy for your records.

Please return this form to:

Preferably by secure email (e.g. nhs.net account) to: Whh-tr.compaed-har@nhs.net

Or

By fax to 0208 442 5855

Referrals that do not meet our referral criteria will be returned with the reason explained. If you have any queries please call the above number.