

Request For Assistance from Children's Allied Health Services



(Physiotherapy, Occupational Therapy, Speech and Language, Podiatry)

Assistance may be given in the form of Advice, Signposting, or Assessment.

Your form may be passed onto another service (e.g. physio to podiatry) if it is felt they would be better placed to deal with your needs.

**Please complete all areas & give us as much information as possible
The form should be completed electronically or in block capitals**

Which service are you asking for assistance from?	
Child's Name	
Date of Birth/CHI	
Address	
Post code	
Home Tel No:	Can we leave a message on this number? Yes/No
Daytime Tel No:	Yes/No
E-mail address	Consent to contact you via email Yes/No
Parents/Carers names and Relationships	
GP Name & Address	
School/Early Years Setting	
Who else is involved with the child and have they expressed any concerns?	
Reason for request for assistance and relevant history <ul style="list-style-type: none"> - Main Concerns? - If this is a long term condition, what has changed? 	
What impact are these issues having on the child and family? What specific change do you hope we can make?	

Has the child previously had any input from us? Or Have you tried anything before referring to us?	
If so, what was the outcome?	
Any other relevant information (eg medical history, child protection, allergies) Please state if none	

Details of Person completing this form

Name	
Address	
Post code	
Tel No	
E-mail address	
Designation/ Relationship	
Parent/Carer has agreed to referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child has agreed to this referral (if appropriate)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature	
Date	

By returning this form I confirm that I wish to access this service. I also accept that the information I have provided will be processed in line with the NHS Shetland Privacy Notice, available at: <https://www.nhsshotland.scot/rights/privacy-notices>

Please email (Please enter subject title as: Request) or send the completed form to:

Children's Physiotherapy, Gilbert Bain Hospital, Lerwick, ZE1 0TB

shet.childrenphysio@nhs.scot

Children's Occupational Therapy, Independent Living Centre, Lerwick ZE1 0XY

shet.childrensot@nhs.scot

Speech & Language, Independent Living Centre, Lerwick, ZE1 0XY

shet.speechdepartment@nhs.scot

Podiatry, Lerwick Health Centre, South Road, Lerwick, ZE1 0RB

shet.podiatry@nhs.scot

Office use only

Date received	Signature
Outcome: Advice, signposting, reassurance or assessment.	
Appointment Arranged, Date:	Letter: In Person: Tel: