ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM

Baby aged from birth to 11 months

Date of Referral	Referrer

In order to help services appropriately accept and prioritize referrals, this form should be completed by the baby's parents or in consultation with them, and sent with the Children's Services Referral Form.
Please also attach any health or other reports you have on your child

Child's Surname	Child's First Name	Date of Birth

Parents' names and contact details

BIRTH HISTORY			
Length of Pregnancy	Weeks/days	Place of Birth	Birth Weight Birth Length

Was your baby admitted to the neonatal unit? Yes ☐ No ☐

Has your baby been in hospital at any time since they were born? Yes ☐ No ☐

If Yes, for what reason?

Please give details of medications, hospital and nursing needs, breathing and feeding supports

Please provide your baby's up to date length, weight and head size centile scores from their growth chart if available.

TELL US ABOUT YOUR BABY'S DEVELOPMENT

Can your baby….	
Grab a toy with either hand?	Left ☐ Right ☐ Not yet ☐
Grab both feet when lying on his or her back?	Yes ☐ Not yet ☐
Roll over…	On to tummy ☐ On to back ☐ Neither yet ☐
Tolerate lying on his or her tummy?	Yes ☐ Not yet ☐
Sit….	On his or her own ☐ Only with support ☐ Not yet ☐
Crawl…	On tummy ☐ On hands and knees ☐ Not yet ☐
Does your baby pull to standing?	Yes ☐ Not yet ☐

Stand…. Without support ☐ Only with support ☐ Not yet ☐

Do you have any other concerns about your baby's movement such as being floppy or tense when you lift him or her?

If so please give details:

Is your baby able to fully open his or her hands including thumb? Yes ☐ Not yet ☐

Is your baby able to grasp and release a toy? Yes ☐ Not yet ☐

Does your baby use one hand more than the other? Yes ☐ Not yet ☐

Can your baby pass toys from one hand to the other? Yes ☐ Not yet ☐

If you have concerns about your baby's hand movements please give details:

Do you have any concerns about your baby's weight or growth? Yes ☐ No ☐

If Yes please describe

Please enclose any growth and weight charts.

Describe your baby's daily feeding routine, times and size of feeds. How does your baby feed? How long does a breast or bottle feed take? If your baby has started spoon feeding, is it going well?

Do you find feeding stressful? Yes ☐ No ☐

If Yes please describe

Is your baby taking any specialised feeds, drinks or foods? Yes ☐ No ☐

Please give details

Do you have concerns about your baby's sleep? Yes ☐ No ☐

If Yes please describe

How do you know what your baby wants? e.g. does he or she look at you, cry when hungry, smile, reach out?

Can your baby look at an object and follow it when it moves? Yes ☐ Not yet ☐

What kind of sounds does your baby make? e.g. happy sounds, sad sounds, types of cries, sounds like aah, babble such as bada, gaga

Do you have concerns about how your baby's behaves? e.g. excessive crying, irritable, too quiet Yes ☐ No ☐

If Yes please describe your concerns

Do you have concerns about your baby's ability to play and respond to play? Yes ☐ No ☐

Please describe your concerns:

Do you think your baby is over-sensitive to noise, textures, movements or smells? Yes ☐ No ☐

If Yes please give details

Do you have concerns about your baby's eye sight? Yes ☐ No ☐

If Yes, give details of your concerns and result of any tests undertaken

Has your baby had a hearing test? Yes ☐ No ☐

Please give details

Do you have any concerns about your baby's hearing now? Yes ☐ No ☐

If Yes, give details of your concerns

Has anyone else expressed concern about any aspect of your baby's development? e.g. Doctor, Public Health Nurse, family members, childminder Yes ☐ No ☐

If Yes please give details including who expressed the concern:

Is there anything else you would like to tell us about your baby?

Tell us about what he or she enjoys and can do, along with any concerns you have

What is your main concern and priority for your baby?

Safety and Risk Please give details of any issues which pose a significant risk to the health and wellbeing of your baby or of others.

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details:

Date: