Connect Referral Form
Children's service

connect

In order for this referral to be reviewed at the referral forum all sections must be completed by the referrer.

Incomplete forms will be returned to the referrer for completion before going to the referral forum

Consent received to share this information with the Connect referral forum: Yes ☐ No ☐
Consent to store information on the Connect database Yes ☐ No ☐

Child's Personal Information

Name: _____

Address: _____

Date of Birth: _____

Gender: Male ☐ Female ☐

Diagnosis: _____

School attending: _____

Parent/Guardian/Carer Name(s): _____

Phone Number: _____ Email: _____

Best time of day to contact_____

Informed Consent Obtained: Yes ☐ No ☐

Interpreter Required: Yes ☐ No ☐

Referral Information

Reason for referral, Please elaborate.

Please outline

Family and child's priority for Connect Service (as described by the child and family)

_____

_____

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_____

Please provide an overview of the child's strengths and difficulties (Include current medical and therapeutic needs, social history and any issues that may be impacting on parenting)

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Child's Interests and hobbies

_____

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_____

Summary of Child's needs (Please complete with as much detail as possible. Mark N/A if not applicable)

Communication

Sensory

Medical (Including Administration of Medication)

Behavioural

Nutrition/Feeding

Mobility (Including Manual Handling requirements)

Intimate Care

Health, Safety and Risk Issues Presenting

_____

_____

_____

Current Supports and Services (i.e. through the various disciplines of the CDNT's, Primary Care, CAMHS, Tusla and/or other community based services)

Service	Current or Previous Involvement	Waitlisted For	Contact Name	Contact Number
Key Worker/Key Contact in CDNT				
CAMHS				
Tusla				
Primary Care				
GP				
Paeditrician				
Other (Please Specify)				

Referred by: _____ **Date:** _____

Referrer Role: _____

Phone Number: _____ **Email:** _____

Please return completed form to Connectmayo@enableireland.ie

To be completed by the Referral Forum

Date discussed at referral forum: _____

Present: _____

_____

Outcome, actions and person(s) responsible for follow up.

_____

_____

_____

_____

Rationale for Decision: _____

_____

_____

_____

Signed: _____
On behalf of the referral committee.