

Hints and tips for completing a request for assistance form.

<p>Home Phone: Mobile No: Alt Contact No:</p>	<p><i>We make initial appointments by phone so up to date home and mobile numbers are essential. We will also phone to make an appointment at short notice if we have a cancelation, so if we have the correct numbers this could mean a child will be seen sooner than expected.</i></p>

<p>What are your main concerns about the child at the moment? (self care i.e. – dressing, toileting, feeding, bathing))</p>	<p><i>Remember to consider the child’s developmental age and stage. The more detailed information provided will enable us to direct your request more efficiently.</i></p> <p><i>This should include areas of difficulty that are impacting on function e.g. self care skills (dressing, toileting, feeding and bathing) play skills and handwriting skills.</i></p>
<p>How is this affecting the child/family?</p>	<p><i>It is just as important to us to know if the concern you have for the child, is not affecting their family at this time.</i></p>
<p>Is anyone else concerned? (education, family member)</p>	<p><i>It is just as relevant for us to know if anyone important in the child’s life does not share your concern at this time.</i></p>
<p>Is the child receiving additional support from other services? (involvement of other agencies)</p>	<p><i>It is important that we know who else is involved with the child to prevent duplication or unnecessary use of services.</i></p>
<p>Has the child received any additional support in the past, including O.T.? (please include dates seen and therapist)</p>	<p><i>This is important to know as we will look at previous assessment/intervention, to determine the best course of action at this time.</i></p>
<p>What things have you tried so far to help the child? Has anything helped? e.g. strategies and/or equipment</p>	<p><i>Please fill in this section as fully as possible so we can determine the best course of action. It is often very useful to know what has and has not worked in the past. It is also important for us to know when you have exhausted your ideas of how to assist the child.</i></p>
<p>What do you expect from the O.T service</p>	<p><i>It is very important to us to know what your expectations are from our service. This is in order that we can ensure from the beginning that we are</i></p>

	<p><i>the correct service for what you were hoping to achieve. If not we can then signpost you to the most appropriate service in a more timely manner.</i></p>
<p>Other Information – i.e.: Diagnosis, any child protection issues or Family circumstances.</p>	<p><i>It is essential that we are aware of any diagnosis the child may have, as this may influence what interventions we offer and the timing of this intervention.</i></p> <p><i>It is also important that we are aware of any diagnosis that is being looked at for the child even if this is not confirmed at the time of putting in the request.</i></p> <p><i>It is important that we know of any child protection or family issues that may influence when and where we carry out assessment or interventions.</i></p> <p><i>It is important that we know if parents would have difficulty understanding our appointment letters, reports or speaking on the telephone. This is so we could adapt our method of communication to each individual family if required.</i></p>
<p>Parents / guardians have consented to this request:</p>	<p><i>We require you to gain parents/guardians consent before you send us a request for assistance. If this section does not indicate that this consent was obtained the request will be returned.</i></p>
<p>If this request of assistance is deemed to be more appropriate for Physiotherapy instead of Occupational Therapy, do you give consent for the information to be passed to their service?</p>	<p><i>It is essential that we have consent to pass on a request to Physiotherapy if this is the most appropriate service. If we do not have consent to do this then the request will be returned to you to do this.</i></p>
<p>Please forward this form to: Carol McVickers, Occupational Therapy Co-ordinator AHP Children’s Services Administration Area 4 Stirling Community Hospital Livilands Stirling FK8 2AU</p> <p>Tel: 01786 454551</p>	<p><i>Unfortunately at the present time we are only able to accept paper requests that are posted to us. Please do not attempt to e-mail or use any other method to get requests to us.</i></p> <p><i>If you have any queries regarding making a request, please contact us by phone and ask to speak to one of our therapists who will be happy to assist you.</i></p>