[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjJ6rTp0_fXAhWoO5oKHSroDJwQjRwIBw&url=https://jobs.bmj.com/employer/11677/rotherham-nhs-foundation-trust/&psig=AOvVaw2tLBwqYrwTesmyvst-D3aB&ust=1512727661682439)**Primary Care Paediatric Rapid Access Clinic Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Demographics | | | | |
| Name |  | | | |
| Date of Birth  *Please note children are only eligible before their 16th birthday* |  | | | |
| NHS number |  | | | |
| Address |  | | | |
| Contact telephone number  ***Please ensure both numbers are current*** | Landline | |  | |
| Mobile | |  | |
| Referrer information | | | | |
| Name |  | | | |
| GP practice |  | | | |
| Contact telephone number |  | | | |
| Referral Information | | | | |
| Date of referral |  | | | |
| Has this patient already been seen in the paediatric service with this problem? |  | | | |
| Reason for referral |  | | | |
| Summary of referral: | | | | |
| Is an interpreter required? | | Yes | Which language: | |
| No |  | |
| I would like this patient to be seen within | | | 2 working days |  |
| 2 weeks of referral |  |
| I confirm that I have advised the parent/guardian to expect a telephone call advising them about the time and data of their appointment. | | | |  |

*Affix patient Label*

To be completed by clinic team on receipt of referral:

|  |  |
| --- | --- |
| Referral receipt | |
| Date & time of referral |  |

To be completed by triaging consultant:

|  |  |  |
| --- | --- | --- |
| Consultant Triaging | | |
| Date of Triaging |  | |
| Decision regarding timing | To be seen within 2 working days |  |
| To be seen within 2 weeks |  |
| Can be seen in routine clinic |  |
| Needs to be seen on CAU |  |
| Requires further information |  |
| Not appropriate for paediatric service  *If referral rejected, consultant to phone GP or dictate letter* |  |
| Comments | | |
|  | | |
| Appointment made | | |
| Date & time of appointment |  | |
| Parent/guardian informed of the appointment |  | |