



Primary Care

Additional Information Form to Accompany Children's Services Referral Form

Baby aged from birth to 11 months

Who should use this form

This form should be completed by the child's parents, with the help of the referrer if necessary. It should be sent with the Children's Services Referral Form.

Date of Referral Referrer

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? Yes No

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

No

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

Any other information you want to give us