

Paediatric Neurology Referral Proforma

To make an outpatient referral, please complete this proforma. We will aim to get back to you within one week of a complete form being received. Please attach any key documents along with this form.

Warning: This form should NOT be used for urgent referrals. To make an urgent inpatient referral, please contact the on-call Paediatric Neurology Consultant through UHS Switchboard on 02380 777222

Referral Date:

Referring Hospital:

Patient Details

| | |
|---|--|
| Full Name of Patient: | |
| Date of Birth: | |
| NHS Number: | |
| UHS Hospital Number (if known): | |
| Sex: | |
| Current Weight (kg): | |
| Address: | |
| Parent/Guardian 1 Details: | |
| Parent/Guardian 2 Details: | |
| Name(s) of individuals with parental responsibility (if different from above): | |
| GP details: | |

| | |
|---|--|
| Is the patient known to social services? | |
| If yes, please provide name and contact details for the social/key worker: | |

Referring Clinician Details

| | |
|---|--|
| Name of Referrer: | |
| Email Address: | |
| Name of DGH/Community Paediatric Consultant (if different): | |
| Contact Details for Consultant: | |
| Has this case been discussed with a Paediatric Neurologist before? | |
| If yes, which Paediatric Neurologist? | |
| Is this the first referral to Paediatric Neurology for this patient? | |
| If no, please outline any previous referrals: | |
| Referrals made to other specialities on this occasion: | |

Details of Referral

| |
|--|
| Presenting Complaint and Reason for Referral: |
| |

Birth History (including gestation and antenatal bleeds/infections):

Past Medical History (including allergies and missed immunisations):

Development History:

Current Medication(s) and dose(s):

Previous Medications trialled:

Relevant Family and Social History:

Neurological Examination/any other relevant examination findings:

Blood Results:

EEG report:

Full Imaging Report(s):

Other Investigations:

Any other relevant information:

Submit Your Completed Referral

Please save this form to your computer and then send it to us by email to paedsneurologyadmin@uhs.nhs.uk with the subject line *'Paediatric Neurology Referral'*