# Physical & Sensory

### Information gathering form

**Physical and Sensory needs additional information for referral**

**Please complete the sections that are relevant to your child:**

Section 1- child is aged 0 to 5 years with equipment needs

Section 2- child is aged 5-18 years with equipment needs

Section 3- child is aged 5-18 years with functional needs

Section 1: Please complete this section if your child is aged 0 to 5 years with equipment needs

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| Child’s name | Type your response here. |
| Date of birth | Type your response here. |
| Postcode | Type your response here. |
| NHS Number | Type number here. |

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| **Please tell us if your child has difficulty with any of the following:** |
| **Sitting***(e.g. sitting independently on the floor, sitting in a chair)*Type your response here. |
| Does the child have any postural difficulties (e.g. hip, spine, head control, floppy or stiff muscles, is unable to remain seated at a table)? **Give details**Type your response here. |
| **Getting Around**Please tick box how they get around |
|  | **Roll** | **Crawl** | **Walks independently** |
| Walks with aid(s) | [ ]  | Uses wheelchair | [ ]   | Lifted / carried | [ ]   | Stands from sitting independently |
| Stands from sitting with carer assistance | [ ]  | Unable to stand from sitting | [ ]   | Lifted /carried Hoisted for all transfers | [ ]   | Other |
| Are there any concerns around lifting / carrying for the carer? **Give details**Type your response here. |

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| **Play***e.g. picking up objects, using both hands together in play* | Type your response here. |
| **Eating & Drinking***e.g. holding a cup, finger feeding, using a spoon* | Type your response here. |
| **Dressing***e.g. participating in being dressed, taking clothes on / off* | Type your response here. |
| **Toileting***e.g. getting on / off potty or toilet, helping with clothes* | Type your response here. |
| **Bathing***e.g. being able to sit in bath / shower, getting in / out of bath / shower* | Type your response here. |
| **Sleeping/Bedroom***e.g. accessing bedroom, getting in / out of bed* | Type your response here. |
| **Equipment already in situ***Including high street options already trialled* | Type your response here. |
| **Feeding difficulties***(e.g. swallowing difficulties, reflux, gastrostomy)?* |
| **Do they have any of the following difficulties:** |
| Frequent coughing when eating / drinking? | Yes [ ]  | No [ ]  |
| Changes in breathing when eating / drinking?  | Yes [ ]  | No [ ]  |
| Gagging when eating / drinking? | Yes [ ]  | No [ ]  |
| Vomiting when eating / drinking | Yes [ ]  | No [ ]  |
| Gastro-oesophageal reflux? | Yes [ ]  | No [ ]  |
| Concerns overweight gain? | Yes [ ]  | No [ ]  |
| Recurrent chest infections? | Yes [ ]  | No [ ]  |
| Are there any issues relating to safety within the home environment? Please give details. **Please initially look at Home Safety Advice in Physical & Sensory resources on CFHD website.** |
| Type your response here. |
| **Additional information** regarding functional difficulties the child is experiencing. |
| Type your response here. |

Section 2: Please complete this section if your child is 5-18 years old and has needs for equipment and adaptations to their environment.

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| Child’s name | Type your response here. |
| Date of birth | Type your response here. |
| Postcode | Type your response here. |
| NHS Number | Type number here. |

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| Home – Please complete relevant boxes**Mobility and transfers**Please tick box how they get around |
|  | **Roll** | **Crawl** | **Walks independently** |
| Walks with aid(s) | [ ]  | Uses wheelchair | [ ]   | Lifted/carried | [ ]   | Stands from sitting independently |
| Stands from sitting with carer assistance | [ ]  | Unable to stand from sitting | [ ]   | Lifted/carried Hoisted for all transfers | [ ]   | Other |
| **Mobility and handling**Are there any concerns around lifting / carrying for the carers? **Give details**Type your response here. |
| **Access**Does the child / young person have difficulty getting in / out of the property or moving around inside the property? **Give details**Type your response here. |

### Home – Please complete relevant boxes (continued)

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| **Seating**Does the child/young person have any postural difficulties *(e.g. hip, spine, head control, stiff or floppy muscles)?* ***Give details***Type your response here. |
| **Feeding difficulties**Does the child/young person have any feeding difficulties *(e.g. dysphagia, reflux, gastrostomy)?* ***Give details***Type your response here. |
| **Bathing**Are there difficulties with bath *(e.g. accessing the bathroom, getting in/out of bath, sitting in bath / shower)?* ***Give details***Type your response here. |
| **Toileting**Are there difficulties with toileting *(e.g. accessing the toilet, getting on / off toilet, cleaning self after using toilet)?* ***Give details***Type your response here. |
| **Sleeping**Are there difficulties with the child’s / young person’s sleep and / or accessing sleeping facilities *(e.g. getting to the bedroom, getting in / out of bed)?* ***Give details***Type your response here. |
| **Home safety**Are there any issues relating to safety within the home environment?*Please give details.* ***Please initially look at Home Safety Advice in Physical & Sensory resources on CFHD website.***Type your response here. |

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| School / College – Please complete relevant boxes |
| **Access to support** |
| No additional support [ ]  | Access to classroom’s / shared TA [ ]  | 1-to-1 TA [ ]  |
| **School based needs***e.g. access to school / college property, moving around school, accessing toilets, ability to sit at desk and engage in school/college work.*Type your response here. |
| **Access**Does the child / young person have difficulty getting in/out of the property or moving around inside the property? **Give details**Type your response here. |

Section 3: Please complete if your child is aged 5-18 years old and has difficulties with functional skills

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| Child’s name | Type your response here. |
| Date of birth | Type your response here. |
| Postcode | Type your response here. |
| NHS Number | Type number here. |

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| Evidence of completion of a school-based motor skills programme i.e. FunFit / High Five intervention enclosed | Yes [ ]  | No [ ]  |
| *If* ***yes*** *please attach evidence of school intervention and report impact* |

### Areas of need(Please rate the child’s difficulty with each skill)

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| **Self-care skills**Please tick appropriate box |  |  |
|  | **Unableto do** | **Can do with difficulty** | **Cando well** | **Comments** |
| Dressing/undressing*(including for PE)* | [ ]  | [ ]  | [ ]  | [ ]  |
| Zips and buttons | [ ]  | [ ]  | [ ]  | [ ]  |
| Shoelaces | [ ]  | [ ]  | [ ]  | [ ]  |
| Putting clothes on in the right order | [ ]  | [ ]  | [ ]  | [ ]  |
| Putting clothes on the right way round | [ ]  | [ ]  | [ ]  | [ ]  |
| Using a knife and fork for mealtimes | [ ]  | [ ]  | [ ]  | [ ]  |
| Drinking from a cup | [ ]  | [ ]  | [ ]  | [ ]  |
| Pouring a drink | [ ]  | [ ]  | [ ]  | [ ]  |
| Opening lids / crisp packets / yoghurt pots | [ ]  | [ ]  | [ ]  | [ ]  |
| Sucking through a straw | [ ]  | [ ]  | [ ]  | [ ]  |
| Brushing hair | [ ]  | [ ]  | [ ]  | [ ]  |
| Brushing teeth | [ ]  | [ ]  | [ ]  | [ ]  |
| Washing hands, face and body | [ ]  | [ ]  | [ ]  | [ ]  |
| Drying self | [ ]  | [ ]  | [ ]  | [ ]  |
| Using the toilet and cleaning skills | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Movement**Please tick appropriate box |  |  |
|  | **Unableto do** | **Can do with difficulty** | **Cando well** | **Comments** |
| Walking | [ ]  | [ ]  | [ ]  | [ ]  |
| Running | [ ]  | [ ]  | [ ]  | [ ]  |
| Jumping | [ ]  | [ ]  | [ ]  | [ ]  |
| Hopping | [ ]  | [ ]  | [ ]  | [ ]  |
| Balancing | [ ]  | [ ]  | [ ]  | [ ]  |
| Riding a bicycle | [ ]  | [ ]  | [ ]  | [ ]  |
| Throwing a ball | [ ]  | [ ]  | [ ]  | [ ]  |
| Catching a ball | [ ]  | [ ]  | [ ]  | [ ]  |
| Climbing | [ ]  | [ ]  | [ ]  | [ ]  |
| Drawing and writing | [ ]  | [ ]  | [ ]  | [ ]  |
| Using a mouse and keyboard | [ ]  | [ ]  | [ ]  | [ ]  |
| Using scissors | [ ]  | [ ]  | [ ]  | [ ]  |
| Construction activities | [ ]  | [ ]  | [ ]  | [ ]  |

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| **School occupations**Please tick appropriate box |  |  |
|  | **Unableto do** | **Can do with difficulty** | **Cando well** | **Comments** |
| Age related at reading, writing and maths | [ ]  | [ ]  | [ ]  | [ ]  |
| Writing and recording | [ ]  | [ ]  | [ ]  | [ ]  |
| Drawing | [ ]  | [ ]  | [ ]  | [ ]  |
| PE games | [ ]  | [ ]  | [ ]  | [ ]  |
| Can the child listen to and follow instructions? | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Play and leisure skills**Please tick appropriate box |  |  |
|  | **Comments** |
| What are the child’s / young person’s favourite toys, games, hobbies or activities? | Type your response here. |
| Does the child / young person prefer to playalone or with other children or adults? | Type your response here. |
| Can the child / young person organise themselves and their belongings? | Type your response here. |
| Does the child / young person belong to any in-school or weekend clubs? Give details | Type your response here. |