# 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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)

|  |
| --- |
| **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. |

|  |  |  |
| --- | --- | --- |
| 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

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

|  |  |  |
| --- | --- | --- |
| 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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Self-care skills**  Please tick appropriate box | | | | |  |  |
|  | **Unable to do** | **Can do with difficulty** | **Can do 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 |  |  |  |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Movement**  Please tick appropriate box | | | | |  |  |
|  | **Unable to do** | **Can do with difficulty** | **Can do 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 |  |  |  |  | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 play  alone 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. | | |