



Humber Teaching
NHS Foundation Trust

HUMBER NHS TEACHING FOUNDATION TRUST
Neurodiversity Services

Humber Sensory Processing Service Referral Form

FORM MUST BE COMPLETED IN FULL TO AID PRIORITISATION
Referrals only accepted from GP's, Health and Social Care Professionals and SENCo's

Sensory processing refers to the way the nervous system receives messages from the senses and turns them into responses. When dysfunction occurs within sensory processing systems it can impact on the child's ability to participate in daily activities and can influence their mental wellbeing.

Service Criteria

- Parent/carer have accessed and implemented strategies from Humber Sensory Processing Hub (website).
- Aged between 0 and 18 years.
- Hull or East Riding General Practitioner.
- Referral completed by a qualified health or social care professional or SENCo.
- Parent/carer consented to referral.
- Sensory processing differences are having a significant impact on mental health and/or physical wellbeing in more than one environment.
- Sensory processing differences that are severe and longstanding and are having a direct impact on their daily functioning.

Child's Details:

Surname:	Forename/s:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to choose/say <input type="checkbox"/>	Date of Birth:
Ethnicity:	Address:
Parents/Carers name/s and relationship:	Telephone number:
Parents/Carers email:	Consent to contact via: Email <input type="checkbox"/> Text <input type="checkbox"/>
Diagnosis/current health concerns/medication:	
Has the child/young person been seen by our service within the last 12 months? No <input type="checkbox"/> Yes <input type="checkbox"/> Only re-refer a child who has a new functional difficulty	

NHS Number:	
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General Practitioner (GP):

Initial	Surname	Surgery address:	Telephone No:
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School Details:

School attended:	Year:	School Phone number:
School SENCo:	Does the child have an Education and Health care Plan? No <input type="checkbox"/> Yes <input type="checkbox"/>	

Referral Details:

Referrer Name:	Professional Role:	
Address:	Signature:	
Date of referral:	Contact number:	External referral <input type="checkbox"/> Internal referral (from Humber FT) <input type="checkbox"/>

Disclaimer – by signing this referral, you are agreeing that all the information contained is correct and completed by the referrer. Additional information from the family is acceptable if this is clearly stated.

Does the child meet all the service criteria (please find listed above):	<input type="checkbox"/> Yes
Have parents/carers accessed the website and implemented strategies?	<input type="checkbox"/> Yes
If access to the website is not possible, please outline why below:	

Please provide evidence of the resources/strategies trialled prior to referral:
(this is stage one of our service and a listed criteria)

At home:

Education environment:

Reason for Referral

Describe the sensory differences and how they significantly affect day to day function/activities (please be specific – which tasks are difficult, what did you observe?):

What are the main areas of concern (sensory) to be addressed?

Risk Alerts	Yes	No	Not known
Would the child/young person pose a risk to staff?			
Would a family member pose a risk to staff?			
Is a joint visit / work necessary?			

Safeguarding

Is the family aware of the referral?			
Looked after child?			
Child with Additional Needs?			

Other Risk Factors:

Please note it is the responsibility of the refer to make appropriate referrals if immediate risk is identified

Any reasonable adjustments needed? e.g. accessible entrance? communication aids? Is an interpreter required?

Other Agencies/Professionals involved (please include if awaiting service input):

Please forward this referral form to the Humber Sensory Processing Service and include any relevant additional information.

Email: hnf-tr.humbersensoryprocessingservice@nhs.net