Ashford and St. Peter's Hospitals
NHS Foundation Trust

PAEDIATRIC OUTPATIENT REFERRAL FORM

All patients referred from Paediatric A&E MUST be discussed with a senior doctor before the referral is sent to the Paediatric Outpatients Department.

Parents will be informed by post of their child's appointment.

The ED notes must be attached to this form and will be sent to the Paediatric Outpatient Department for vetting.

Patient Details:

Presenting Complaint: ……

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History of Presenting Complaint: ……

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Past Medical History:

Drug History:

Examination findings in A&E:

Working Diagnosis: ……

Reason for referral: …….....

…….....

…….....

Investigations completed in A&E:

☐ U&E
☐ LFTs
☐ FBC + CRP
☐ TFTs
☐ Haematinics
☐ HbA1c/Glucose
☐ Coeliac screen
☐ ECG
☐ Throat swab
☐ Wound swab
☐ Stool sample
☐ X-ray
☐ US
☐ CT
☐ MRI
☐ Other (please specify…….....)

Investigations requested as an outpatient/to be followed up:

☐ Bloods (please specify…….....)
☐ Imaging (please specify…….....)
☐ Swab/culture (please specify…….....)

Has a referral already been made via the GP ☐
Patient referred from UTC ☐ GP ☐ Walk in ☐

<u>Treatment/Advice given in A&E:</u>

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Please indicate which clinic you would like to refer to:

☐ General Paediatric
☐ Cardiology
☐ Epilepsy
☐ Diabetes/Endocrinology
☐ Oncology
☐ Rheumatology
☐ Allergy clinic

For children with murmurs but normal ECG, please refer to General Paediatric Clinic
For children with viral urticaria please reassure parent and do not refer to Allergy Clinic

Urgency of referral:

☐ ≤2 weeks ☐ 2-4 weeks ☐ ≥4 weeks

Please note the final decision as to which clinic the child will be seen in will ultimately be made by the Consultant who does the referral clinic.

Date of referral: …….....

Name & grade of referring doctor: …….....

Name & grade of Senior discussed with: ……...