Central Referral Office
Community Healthcare Organisation – Dublin North City & County
Nexus Building, Unit 1 & 2, Blanchardstown Corporate Park,
Dublin 15, D15 CF9K
Phone Number: **01 8975153**
Email: **cro.dncc@hse.ie**

Children's Services Referral Form

All fields highlighted with an asterisk (*) are mandatory.

Please note that Adobe Acrobat software is required to use the Submit function on this form.

Who should use this form?

- Children aged from birth to 18 years may be referred by parents/legal guardians, health and social care professionals including General Practitioners, education professionals, Assessment Officers or Case Managers to Children's Disability Network Teams, Primary Care Services or Child and Adolescent Mental Health Services (CAMHS).
- Referrals to Children's Disability Network Teams must be accompanied by the Additional Information Form for the child's age group, completed by the child's parent(s)/legal guardian. Links to the Additional Information Forms are provided at the bottom of this Form.
- All referrals to Child and Adolescent Mental Health Services should be made in conjunction with the GP.

Please Note: Once the form is completed you must select the Submit button at the end of the form which will open up an email addressed to the Central Referrals Office and any additional information/reports can be attached at this stage if required. Please note that all fields marked *mandatory must be completed for the email to generate.

Date of Referral* Please use format DD/MM/YYYY

Services you wish to refer to*

Children's Disability Services

Children with complex needs should be referred to their local Children's Disability Network Team.
A child has complex needs if they have a range of significant difficulties that require the services and support of a disability team.

Children's Disability Network Team ☐

Primary Care Services ☐

Children with non-complex needs should be referred to Primary Care services.

Dietetics (Health & Social Care Professional Referral only)	☐	Physiotherapy	☐
Speech & Language Therapy	☐	Occupational Therapy	☐
Social Work	☐	Psychology	☐
Nursing	☐		

Child and Adolescent Mental Health Services (CAMHS)

Children for whom comprehensive treatment at primary care level has been unsuccessful and who present with moderate to severe mental disorders should be referred to CAMHS.

Child and Adolescent Mental Health Services ☐

Child's personal details

Surname*		First Name*	
Gender*		Other	
Date of Birth*		IHI	
PPS Number*		Medical Card Number	
Address Line 1*			
Address Line 2*			
Address Line 3			
Mother's Maiden name *			
County*			
Eircode			

Parent/Guardian (1)

Surname*		First Name*	
Relationship to child*			
Mobile/Phone* (Mobile preferred)			
Email			
Address Line 1*			
Address Line 2*			
Address Line 3			
County*			
Eircode			

Parent/Guardian (2) if applicable

Surname		First Name	
Relationship to child			
Mobile/Phone			
Email			
Address Line 1			
Address Line 2			
Address Line 3			
County			
Eircode			

Country of Birth			
First Language*		Other	
Other languages spoken at home			

Interpreter required* Yes ◯ No ◯

Please specify language

Number of siblings, their ages and details of any services they are attending.

Referrer details

Surname*

First Name*

Source of Referral*

Other

Health Professional Registered No. (HPRN) e.g., NMBI/CORU/MRN

Address Line 1*

Address Line 2*

Address Line 3

County*

Eircode

Mobile/Phone*

Email*

Please indicate whether referrer should be contacted prior to the initial appointment: Yes No

Are there any relevant risk factors in relation to this referral?

Reasons for referral*

What are the main concerns and priorities for the child and their family?

1

2

3

For Child and Adolescent Mental Health (CAMHS) referrals

What is the child/young person's current mental state?

Describe the presenting problems, symptoms, when did they start and other problems identified.

What risk and/or resilience factors are currently present?

General practitioner details

Are these details the same as those included in the Referrer Details section? Yes ☐ No ☐

Surname* First Name*

GP Practice*

GP Telephone*

Email

Address Line 1*

Address Line 2*

Address Line 3

County

Eircode

Other community healthcare services

Is your child currently waitlisted or receiving any other services? Yes ☐ No ☐

Children's Disability Network Team ☐

Primary Care

Dietetics ☐ Physiotherapy ☐

Speech & Language Therapy ☐ Occupational Therapy ☐

Social Work ☐ Psychology ☐

Community Medicine Service ☐ Nursing ☐

Other ☐ (Please give details)

Child & Adolescent Mental Health Service (CAMHS) ☐

Tusla – The Child and Family Agency ☐

Other ☐ (Please give details)

Professionals and services your child has attended

Name (if available)	Service	Contact Details

Creche, preschool or school details

(Attach any Preschool or School Reports)

Creche/Preschool	
Address (including Eircode)	
Manager/Contact Person	
Telephone	
Email	

School	
Child's Class	
Address (including Eircode)	
Principal's Name	
Telephone	
Email	

Medical history

(Please attach any relevant Medical Reports as per instructions at the top of the form)

Relevant Medical History & Birth History.

Any diagnosis e.g. medical condition, learning disability, developmental disorder, hearing impairment. There may be more than one. Who made the diagnosis and date?

If the child is currently in hospital what date is he/she expected to be discharged?

Current medications – including dietary supplements.

Allergies/Adverse medication events.

Current investigations e.g. blood tests, scans, hearing tests.

Social circumstances

Relevant family and social history

For example family health or housing difficulties, financial or employment problems, bereavement or other stresses.

Any other relevant information

Consent

Referral Consent: Have the parent(s)/legal guardian(s) consented to this referral and has this been documented? Yes ◯ No ◯

Have the parent(s)/legal guardian(s) given permission to Primary Care Services/ Children's Disability Services/CAMHS to contact and obtain relevant information in order to understand and address the child's needs from the professionals and services listed below, such as a hospital consultant, psychologist, speech & language therapist, teacher etc. Only those listed on page 7 will be contacted. Yes ◯ No ◯

Have the parent(s)/legal guardian(s) given permission that in the event that this referral is not appropriate it may be shared with other relevant services to facilitate an onward referral. Yes ◯ No ◯

GDPR Consent: Have the parent(s)/legal guardian(s) given permission for information about the child to be held by Primary Care Services/Children's Disability Services/CAMHS in accordance with obligations under the Data Protection Acts 1988, 2003 and 2018. Yes ◯ No ◯

Children in Care

For children in voluntary care or on an interim order, the parents must provide consent and this consent should be documented.

For children subject to an interim or temporary care order, an application must be made to the District Court to allow the healthcare worker involved with the child's care to give consent and a copy of the District Court decision and the consent of the Tusla healthcare worker should be documented.

For children subject to a full care order, the consent is provided by a Tusla Child and Family Agency social worker and this consent should be documented.

Definition of a Legal Guardian

All mothers, whether they are married or unmarried, have automatic guardianship status in relation to their children, unless they give the child up for adoption. A father who is married to the mother of his child also has automatic guardianship rights in relation to that child. This applies even if the couple married after the birth of the child.

A father who is not married to the mother of his child does not have automatic guardianship rights in relation to that child. If the mother agrees for him to be legally appointed guardian, they must sign a joint statutory declaration. However an unmarried father is automatically a guardian if he has lived with the child's mother for 12 consecutive months after 18/1/2016, including at least 3 months with the mother and child following the child's birth.

Any other information you want to give us

Additional information forms

Please attach the relevant forms below to the email once the submit button is clicked and the email is generated.

0 – 12 months | 1 – 3 years | 3 – 6 years | 6 – 12 years | 12 – 18 years

Submit