HAZEL HOUSE

CHILDREN'S DISABILITY RESPITE REFERRAL CHECKLIST

A **Referral applications cannot be processed without a medical report and consent.**

B **Please indicate which of the following documents you have included with your referral to streamline processing of your application.**

DOCUMENTATION

Please tick what documents you have included using the tick box below.

Speech & Language Report	☐	Dietic Report/Feeding Regime	☐
Physio Report	☐	DSAMT (where applicable)	☐

C **Return completed form and attachments to:**

Children's Disability Referrals Team
LauraLynn Ireland's Children's Hospice
Leopardstown Road, Foxrock, Dublin D18 X063.

www.lauralynn.ie

T 01 289 3151
Healthmail CSHdisabilityservice@healthmail.ie
E HazelHouserespite@lauralynn.ie

LauraLynn
IRELAND'S CHILDREN'S HOSPICE

HAZEL HOUSE
CHILDREN'S DISABILITY RESPITE REFERRAL

CHILD INFORMATION

Child's First Name		Child's Surname	
Child's Address			
Eircode			
Date of Birth		Gender	
First language		PPS Number	
Parents first language/ if different from child		Religion	Baha'i
Ethnicity	Black Irish	Interpreter Required:	Yes ☐ No ☐
Medical Card Number			
Are there any Child Protection concerns with this child and family	Yes ☐ No ☐ Unknown ☐		
Date of Application			

PARENTS / LEGAL GUARDIAN

First Name		First Name	
Surname		Surname	
Relationship		Relationship	
Legal Guardian	Yes ☐ No ☐	Legal Guardian	Yes ☐ No ☐
Address	Tick the box if the address is the same as child's ☐	Address	Tick the box if the address is the same as child's ☐
Otherwise, please include address and Eircode here		Otherwise, please include address and Eircode here	
Home Phone No.		Home Phone No.	
Mobile		Mobile	
Email		Email	

REFERRER'S DETAILS

Name		Profession	
Email		Phone No.	
Referrers Address			
Eircode			

Consent and Authorisation of Referral

I have had a conversation with the people who are legal guardians for this child and confirm that they give permission for this referral to proceed. As part of that conversation, I have informed the parties that LauraLynn will make contact with them and that LauraLynn may seek further medical information from the referring clinician. LauraLynn will hold the data included in this form in line with Data Protection legislation. Please confirm that the information included in this Referral Form is accurate. I confirm that the information included by me in this Referral Form is accurate and up-to date

Signature		Date	
Consent Obtained From			

PROFESSIONAL INVOLVEMENT

Paediatrician Details

Name | Title/Role

Professionals address

Eircode

Email | Phone No.

G.P. Details

Name | Title/Role

Professionals address

Eircode

Email | Phone No.

Children's Disability Network Team

Name/Key Worker/ Lead Professional | Title/Role

Professionals address

Eircode

Email | Phone No.

RESPITE/ADDITIONAL SERVICES INVOLVED IN THE CARE OF THE CHILD.

eg. Homecare package, Jack & Jill, Public Health Nurse, Social Worker, Physiotherapist, SALT.

What other types of respite/home supports are availed of.

	Name	Title/Role	Email Address	Phone	Hours Per Week
1					
2					
3					
4					
5					
6					

ADDITIONAL RELEVANT INFORMATION

CHILD'S MEDICAL DETAILS

Diagnosis

Current Health status

Very Good ☐ Good ☐ Fair ☐ Poor ☐

Any hospital admission in the last year & what for:

History of repeated chest infections?

Yes ☐ No ☐

>2RTI requiring hospitalisation per year?

Yes ☐ No ☐

Vulnerable airway?

Yes ☐ No ☐

Severe scoliosis compromising respiratory function

Yes ☐ No ☐

Brief summary of child's medical complexity and description of medical and nursing needs.

Reason for Referral - How do you think Hazel House may best support this child and family?

Family's understanding and expectations of respite.

CHILD'S MEDICAL DETAILS CONTD.

Independently mobile* Yes ☐ No ☐

Further information if relevant:

What is their level of mobility?

Bum shuffling: Yes ☐ No ☐

Roll side-side: Yes ☐ No ☐

Sit up unaided: Yes ☐ No ☐

Sit stand: Yes ☐ No ☐

Crawling/kneeling/ pull to stand: Yes ☐ No ☐

Walk with assistance: Yes ☐ No ☐

What level of assistance is required?

Eg. 1-2 people, Walker/Stander

*Children accepted to HH usually have a GMFCS 4 or 5 equivalent motor function (See appendix 1).

Hoisted for all transfers Yes ☐ No ☐

Further information if relevant:

OT/Physio Contact Details:

Epilepsy Yes ☐ No ☐

Stable Yes ☐ No ☐

Give description of presentation:

Further information if relevant:

Enteral feeding Yes ☐ No ☐

Ketogenic/Diabetic Diet etc:

Further information if relevant:

SALT/Dietician Contact Details:

CHILD'S MEDICAL DETAILS CONTD.

Sensory Impairments

Yes ☐ No ☐

Further information if relevant:

1:1 supervision

Yes ☐ No ☐

Further information if relevant:

Does the child present with behaviours that challenge, or do they put themselves or others at risk?

Yes ☐ No ☐

Does the child have a behaviour support plan in any other organisation ie school/respite service

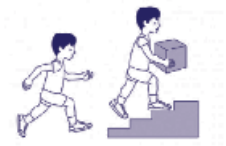
Yes ☐ No ☐

Diagnosis of Autism?

Yes ☐ No ☐

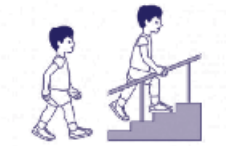
Further information if relevant:

APPENDIX 1



GMFCS Level I

Children walk at home, school, outdoors and in the community. They can climb stairs without the use of a railing. Children perform gross motor skills such as running and jumping, but speed, balance and coordination are limited.



GMFCS Level II

Children walk in most settings and climb stairs holding onto a railing. They may experience difficulty walking long distances and balancing on uneven terrain, inclines, in crowded areas or confined spaces. Children may walk with physical assistance, a hand-held mobility device or used wheeled mobility over long distances. Children have only minimal ability to perform gross motor skills such as running and jumping.

GMFCS Level III

Children walk using a hand-held mobility device in most indoor settings. They may climb stairs holding onto a railing with supervision or assistance. Children use wheeled mobility when traveling long distances and may self-propel for shorter distances.

GMFCS Level IV

Children use methods of mobility that require physical assistance or powered mobility in most settings. They may walk for short distances at home with physical assistance or use powered mobility or a body support walker when positioned. At school, outdoors and in the community children are transported in a manual wheelchair or use powered mobility.

GMFCS Level V

Children are transported in a manual wheelchair in all settings. Children are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements.