AN LÁRCHLINIC FEABHAIS

Registered Office Address: Foirgneamh Penny Ansley, Ascaill Vernon, Cluain Tarbh, Baile Átha Cliath 3, D03 R973, Éire.
Penny Ansley Building, Vernon Avenue, Clontarf, Dublin 3, D03 R973, Ireland.

Tel/Fon: +353 (0) 1 854 2200.
Fax/Facs: +353 (0) 1 833 5496
Email/Ríomhphost: info@crc.ie
Web: www.crc.ie

# REFERRAL FORM
## CRC UPPER LIMB SERVICE

| | | |
|---|---|---|
| **Client Name:** | | **Diagnosis:** **GMFCS:** **MACS:** |
| **DOB:** | **Current Age:** | **Client phone number/s:** |
| **Client address:** | | **Client email:** |
| **Parents / Guardians Name(s):** | | **Consent from client/family for referral: Y ☐ N ☐** |
| ***CRC Specialist Services require that the child is linked with a local team (e.g., Primary Care Team/Children's Disability Network Team). Clinicians from local teams are invited and encouraged to attend CRC Upper Limb appointments*** | | |
| **Name of referrer with CDNT/ Primary care:** | | **Referrer's Contact address:** |
| **Referrer's email:**<br>**Phone:** | | **Date of Referral:** |
| **CDNT or primary care OT and PT Details:** | | **Current Medical management** (if any): |
| **Paediatrician Details:** | | **Medical history/birth history:** |

***Please note referrals will not be processed without the information about the client and their local team***

**Reason for Referral/ present concern regarding upper limb management that you would like addressed at this appointment/clinical questions:**

**Client/Guardian's main concern:**

- ☐ Functional use of affected upper limb/s:
- ☐ Aesthetics:
- ☐ Contracture management
- ☐ Carer Management (hygiene/dressing/skin issues/pain):
- ☐ Other- give details below

**Outline current therapy goals and/or relevant IFSP goals with local services:**

**Is CRC Physiotherapy assessment requested for the upper limb, if so, outline additional clinical concerns/queries:**

**Present functional status across home, school, play, ADL's and current upper limb abilities**:

- ☐ *Functional hand use of affected limb/s (Reaches, grasps, holds, releases, bimanual two hand use):*
- ☐ *Active range of motion/ gross upper limb movement ability*
- ☐ *Limitation in passive range (outline joints impacted and extent of impact, attach pictures if consent given)*
- ☐ *Outline if pain or skin integrity issues are a concern*
- ☐ *Previous upper limb interventions trialled and their outcomes i.e., therapy, splinting, botox*
- ☐ *Tone presentations (impact on upper limb/posture/gait, ADL performance)*
- ☐ *Outline participation at home, school, work, hobbies/interests etc.*

**CRC Upper Limb Clinic provides the following interventions,** (depending on clinical need)
*If possible, please choose from the options below to indicate intervention you feel may be required*

- ☐ Clinical assessment and recommendations to guide local therapy and/or IFSP goals
- ☐ Advice on potential adjunct medical interventions i.e., botulinum toxin, surgical management
- ☐ Assessment for orthotic interventions i.e., Wrist Hand Orthoses (WHO), consideration for casting
- ☐ Advise on dynamic splinting i.e., lycra garments
- ☐ Guidance regarding stretching, strengthening, exercise, joint care
- ☐ Guidance on pain management
- ☐ Guidance on potential interventions i.e., early intervention, modified constraint induced therapy, bimanual therapy, targeted ADL goal therapy, cognitive orientation to daily occupational performance

**Client/Guardian has clear understanding of diagnosis and diagnosis has been given? Yes / No**

**Name:** ***Signed***:

Title: Date:

| **Office use only** | | |
|---|---|---|
| ☐ HTC New Referral | ☐ Pre ULC-Assessment | ☐ Insufficient Information provided/revert to referrer for more detail |
| ☐ HTC Review | ☐ New ULC Referral | ☐ Not indicated for HTC or ULC |
| | ☐ Review ULC | CRC Initials & Date: |

***Please note referrals will be returned for further information if not completed sufficiently***

**Please return to: OT Secretary; Upper limb Clinic: Email:** specialistreferrals@crc.ie

**Postal: Central Remedial Clinic, Vernon Avenue, Clontarf, Dublin 3, D03 R973**