Orthoptic Team (SEN)

Ophthalmic OPD

Daresbury Wing

Warrington and Halton Hospital

Lovely Lane

Warrington

WA5 1QG

Dear Colleague

You should use this form to refer a child to the Specialist Orthoptist if you have concerns that they may have difficulty in routine tasks which are visually guided eg: navigating steps, identifying an object in crowded spaces, spatial orientation. In order that the assessment can take place the child should be able to complete tasks set for the normal age group of approx. 6 years.

Once you have gained parental consent for referral please complete and return this form to the address above, along with the attached questionnaire which will help the Orthoptist to triage the referral.

Name of child:

Date of birth:

Address:

Telephone number and guardian to whom it relates:

School attended:

Name and designation of referrer and contact details:

Date and signature:

**Questionnaire**

Please complete the brief questionnaire below with the parent/guardian of the child you intend to refer and forward together with the attached referral form

Childs Name and DOB:

*Please circle one answer:*

1. Does your child have difficulty navigating downstairs?

**Always Often Rarely Never**

1. Does your child have difficulty seeing things that are moving quickly?

**Always Often Rarely Never**

1. Does your child have difficulty seeing something that is pointed out to them in the distance?

**Always Often Rarely Never**

1. Does your child have difficulty locating a specific item of clothing in a pile of clothes, or a specific object in amongst many?

**Always Often Rarely Never**

1. Does your child find copying words time-consuming and difficult?

**Always Often Rarely Never**

1. Additional Comments

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