



Families and Wellbeing Directorate
Referral Form – Medical Needs Tuition

Medical Information required for a referral for medical needs tuition.

In order for the medical education team to offer a service or to continue to offer a service, there must be written evidence of **ONGOING** medical intervention. The pupil needs to have had an injury, diagnosed illness or a diagnosis of an acute mental health episode (in this case the pupil should be receiving ongoing intervention from a CAMHS professional).

For School use only:

Pupil name:	D.O.B
Medical Condition:	
Pupil address:	Contact details: Home: Mobile: Work: Email:
Name of parent/guardian:	Relationship to pupil:
Name of School and contact:	School Address:

This form is to be completed by the medical professional requesting or supporting a referral, to the Medical Education Team.

This form is to be sent back to the referring school on completion.

Medical Information

Name of Pupil	DOB
Medical Condition:	
Date Pupil was first seen:	
Brief history of medical issues;	
Current involvement and treatment;	
Future plans for medical intervention, by whom and timescales;	
Is the pupil on medication? Please give details	

Are you aware of any known risks associated with the pupil or their family? Y/N
(If yes please give more details)

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Please describe the issues which would make it difficult for this pupil to attend school full time?

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In your professional opinion, what is the likely period of absence (whole or part) from school?

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It is my professional opinion that the pupil (please tick);

	Full Time	Part Time
Has had an injury/operation which currently prevents them from attending school		
Has a diagnosed illness which prevents them from attending school		
Is experiencing a diagnosed mental health episode which prevents them from attending school. (These pupils should be receiving ongoing intervention from a CAMHS professional and the CAMHS manager should sign the referral)		

Is the pupil housebound? Yes No

Signed: (signature 1)	
Signed: (signature 2)	
Date:	
Position:	

CAMHS referrals should be counter signed by the team manager