

**Paediatric Rapid Access Clinic Referral Form**

Rapid Access Clinics (RAC) provide a rapid referral for children who have been seen by their GP, ED or other referrer who require an urgent opinion from a paediatrician but not necessarily an admission.

Please send the completed form to: **pah-tr.pracoldham@nhs.net**

Incomplete forms will be rejected.

Patient Demographics		
Name		
Date of Birth <i>(Please note children are only eligible before their 16<sup>th</sup> birthday)</i>		
NHS number		
Next of Kin		
Address		
Contact telephone number <i>Please ensure both numbers are current</i>	Landline	
	Mobile	
Referrer information		
Referring Consultant		
Source of Referral (e.g. A+E, CCNT)		
Contact telephone number		
Contact Email Address (Required for urgent correspondence)		
Referral Information		
Date of referral		
Has this patient already been seen in the paediatric service with this problem?		
Reason for referral to a Rapid Access Clinic		
Summary of referral:		
Is an interpreter required?	Yes	Which language:
	No	
I confirm that I have advised the parent/guardian to expect a telephone call advising them about the time and data of their appointment.		

To be completed by clinic team on receipt of referral:

Referral receipt	
Date & time of referral	

To be completed by triaging consultant:

Consultant Triaging		
Date of Triaging		
Decision regarding timing	To be seen in Rapid Access Clinic	
	Can be seen in routine clinic	
	Needs to be seen on POAU	
	Requires further information	
	Not appropriate for paediatric service <i>If referral rejected, consultant to phone patient or dictate letter</i>	
Comments		
Appointment made		
Date & time of appointment		
Parent/guardian informed of the appointment		