

**Care Co-ordination - Referral criteria**

Name: DOB:

CRN:

Address:

GP’s name & address:

**All referrals to Care Co-ordination are via ISCAN**

* If the child/YP has a Social Worker, **do not accept the referral.**
* If the child/YP is receiving palliative care, **accept the referral and treat as urgent.**
* If a clinician present at the ISCAN panel has made the decision that the child/YP requires

CC, **accept the referral.** Use the criteria below to decide if the case is **routine or urgent.**

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|  | **Points** |  | **Points** |
| More than 1 child/YP resident in the family home has a diagnosis of:   * physical disability * learning disability * ASD/ADHD * Mental health issue |  | Parents/carers have a **diagnosis** of:   * physical disability * learning disability * ASD/ADHD * Mental health issue   **(award 2 points for more than 2)** |  |
| Child/YP has received a new diagnosis – requiring community services |  | Concern by clinician that the child/YP has missed several appointments |  |
| Transition into area (new to community services) |  | Issues with housing/parent in refuge |  |
| Child/YP is not accessing education or is experiencing **significant** educational difficulties |  | Integrated Assessment Process required due to multiplicity of health board services and complexity of services |  |
| The family do not speak English and require the services of an interpreter |  |  |  |

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| TOTAL SCORE (1 point for each):  **DECISION: (circle one)** | out of 10  **URGENT / ROUTINE / NOT ACCEPTED** |
| Signed: (print name): | Date: |

|  |  |
| --- | --- |
| **Score** | **Decision** |
| 8 or above | Urgent (allocate immediately) |
| Between 3 & 7 | Routine (add to waiting list or allocate immediately if capacity) |
| 2 or below | Not eligible (do not accept referral and signpost as appropriate) |

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| **Any additional information / comments** |
| Name: DOB:  CRN: |