

Children in Transition “Pre-referral” Form	
Name of child:	
D.o.b:	
Address:	
G.P./Consultant:	
Nature of Disability:	
Summary Current circumstances including funding arrangements:	
Summary of future needs, including expected date of transfer:	
Users wishes for the future:	
Care Manager name:	
Location:	
Phone number:	
Date of Referral:	

Please attach a copy of the current Care Plan
 Any recent review meeting notes
 Forward to the appropriate Adult Team Manager